The Care of the Sick

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The hospital in the beginning was the Hotel Dieu, God's guest house. The hospes, or guests, or patients, were the homeless, the hungry, the ragged, the miserable, and often, but not always, the wounded and ill. To refuse help to such was to be shamed before men and angels;to care for them was to grow in the great all-inclusive Christian grace of charity. The men who received these human derelicts tried to heal both body and soul, and perhaps there was something worth while in this "combined method." In such a guest house, in southern Italy, about the year 500, lived and worked Saint Benedict. One of the precepts of that saintly superintendent, one of his hospital rules that has come down to us, one bit of the medical ethics that made the spirit of the place was: "The care of the sick is to be placed above and before every duty, as if, indeed, Christ were being directly served in waiting on them."

It is a far cry from Saint Benedict finding Lazarus fallen upon his doorstep to a practitioner of today applying what science he can command for the relief of over-fed, over-pampered people, or of hard-driven, worn-out people; alike the products of a more complex age. Yet it may be worth our while to consider some phases of the care of the sick in the twentieth century in the light of this fine precept of the early years of the sixth. "The care of the sick is to be placed above and before every other duty." Such a sentiment any assembly of ordinary people would applaud to the very echo. It is a very human trait to approve sentiments, but miss their implications, and fall short in their application. But translate such a sentiment into practical counsel for the prevention of disease, which is better than cure, or into measures for the betterment of public health, or research concerning the causes and cure of disease, into any expenditure of effort or money for the saving of life, and it is remarkable how the gush and glow and fervour of the echoing applause will evaporate.

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Sickness, as people in general think of it, is sporadic, an emergency like a fire or a shipwreck, a time for flurry and excitement in which a cool head is considered a sign of a hard heart; a time for unnecessary extravagances; a hectic period from which patient and relatives emerge—if they do emerge—exhausted. But sickness as something to be expected. prevented if possible, but still anticipated and provided for, sickness as a constant daily condition in a fairly fixed percentage of any community, and so deserving well-thought-out community arrangements — such common-sense considerations about sickness arouse no great measure of enthusiasm.

To people in general sickness is an emergency, to be met impromptu, and more by sentiment than by science. After all it can scarcely be said that for people in general the care of the sick is really above and before every other duty. A good citizen should give thought and interest to the community care of the sick as he does, or should to sanitation, education, to public safety and to public morals. Parliaments and councils owe a fair share of their time to the care of the sick, and much more of their interest and sympathy than is usually shown, though it could scarcely be considered for them as above and before every other duty.

But to the medical man the care of the sick is above and before every other duty. In his own practice it is

mere common honesty to his patients that it should be so. "The greatest trust between man and man is the trust of giving counsel" (Bacon). And far beyond the circle of his own work, it is his special share of good citizenship to bring to the counsels of the community regarding the care of the sick the help of his training and experience. A filthy city in a way condemns all sanitarians; an unsafe bridge is a reproach to all engineers; inadequate care of any sick anywhere should be upon the consciences of all physicians everywhere.

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What, then, of our arrangements for the care of the sick at the end of the first quarter of the twentieth century? It is hard for us to see them straight because we are part of them; but from the safe point of view of, say, five centuries hence, what might be said? It is easy to speak of the tremendous triumphs, especially of the past half-century, the germ causes of disease discovered, not a few age-old diseases annihilated, or conquered by medical science and just waiting for administrative science to banish them. There is little doubt that the finest modern achievement is a ten years addition to the average length of life, gained in one short quarter century.

But with all this great advance, the emergency of war would still find us hunting for A1 men in a C3 population. We would still have to consider one-third of our young manhood unfit for even the rough uses of war, and, therefore, less than fully fit for the finer duties of peace. Any survey of any part of our people, children in schools, workers in factories, will reveal physical defects and incipient disease, the seeds of grim harvests of disabilities to come. As Sir George Newman says: "The sickle of death comes yet too early; pandemics continue to be fateful, and influenza, rheumatism and cancer are unconquered; there is an alpine mass of suffering, invalidity and disablement which is preventable. The capacity and well-being of the human species falls far short of its potentiality; we walk haltingly in the dark when we ought to be marching forward in the light of new truth."

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The big question is not what medical science *can* do at its utmost, under exceptional circumstances, for the few, but what medical science *is actually doing* for the average man in the average community. If that average falls far below the possible, why does it fall so low, and how can it be raised? Medical science can answer for itself, but how about medical management? Of all men, women and children, in city or country, rich or poor, or neither rich nor poor (which is the state of most of us) what proportion have available in their illnesses, and for the preventing of illness, and the maintaining of health, the utmost resources of medical science in diagnosis and treatment? How many have the advantages of full laboratory investigations, all that can be accomplished by such means as the x-ray, the freest use of consultations, adequate hospitalization, nursing care, and the easier mind that can come from financial backing? A fair average of advantages many enjoy, but the utmost, or even near the utmost not one in five hundred. We have had the x-ray now thirty years, yet for how many sick people are well-made and well-interpreted plates of chest, intestines, sinuses, gall bladder or genitourinary tract readily and fully available, costs being considered also, at any stage of the disease or suspicion of disease at which they may be useful? Has one in one hundred even these well-tried advantages?

Medical discovery must get out of the laboratory to the people before it can serve the people. The advantages, such as they are, of the radio have reached more people in five years than those of x-ray in thirty. It is fair to say that if medical science is applied to the needs of average people slowly the fault does not lie altogether, perhaps not even chiefly, with the much-abused practitioners. How to make the best of medical science available widely to the needs of the

people is a problem not of medical science only, or even chiefly, but of social science, of the sciences, if such there be, of legislation and administration. Most of all it is the problem of education. The big thing is that our science and art shall bring to the greatest numbers the greatest care.

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The basis of the care of the sick is diagnosis, and to say the least, our system does not allow of the maximum uses of the means of diagnosis. The commonest tragedy of practice—and it is very common—is the tragedy of diagnosis—the man who worked until yesterday found to have advanced or hopeless disease today. Late diagnosis in pulmonary tuberculosis is the almost invariable rule, and early diagnosis the very rare exception, the reason being that nothing less than advanced tuberculosis makes a man feel sick enough to call a doctor. The only way to get the earlier cases under treatment is to go out and hunt for them among the apparently healthy. The tragedies of late diagnosis need not surprise us when it is considered that the first diagnostician under our system is the patient himself, and symptoms must often be marked, and disease actually interfere with work before he will cross what for him is a difficult Rubicon, decide that he is a sick man and see the doctor. The medical machine cannot begin to function until he has so decided, that is sometimes until disease has become painfully evident to the man on the street.

How it escaped Gilbert and Sullivan is strange, and it did not escape Bernard Shaw, but the fundamental idea of our system is that people may be sick if they want to and it is none of our business until we are formally called in. A fireman who sees smoke, yet waits, hands in pockets for a formal fire alarm, is an idiot; but a doctor who sees signs of illness and discreetly shuts his eyes until the sufferer at a late stage mentions the matter, is an ethical professional gentleman. Such is the topsy-turvydom of our system.

So people come late to the doctor, and later to the hospital. Doctors have advanced disease to fight and spend days and nights finding measures to meet emergencies. Students have gross disease to study, and form their modes of thought and methods of diagnosis around it. People in general see the extremities of illness, and the outcome, and naturally fatalism and the policy of the ostrich still prevail. And so the full round of the vicious circle is complete.

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This circle will not be broken by a few new methods, but only by a new fundamental idea, the idea that disease should be dealt with by prevention when possible rather than by cure; that health is easier to maintain than to restore; and that medical science can help even more in keeping well than in getting well. General community health has improved wonderfully in the past few generations on the preventive plan, but the individual still clings to the curative, and our system recognizes that as the standard method. Health officers are not dismissed between epidemics, but doctors are between illnesses.

"Preventive medicine is the wisely-ordered application of the discoveries of medicine to the redemption of man" (Sir George Newman). "The prevention of disease is the ideal of medicine" (Sir Humphry Rolleston). People in general are beginning to grasp this very sensible idea, and have already begun to ask for periodic routine examinations while yet apparently well. So we medical men will have to prepare to make them. We have not covered ourselves with glory in such examinations made for insurance companies, or for our country in time of war. Our teaching and experience have fitted us for what we have called the art of healing. The new art of preventing will need some new learning, a new experience, and a new and different point of view. We will have to quit laughing out of our offices people who don't look sick, yet want some scientific basis of assurance that they are well. It is not too much to

say that the health of the people in the next few decades, the advancement of medical science, and the status of the medical profession, will depend a good deal upon how honestly and thoroughly we put the best of medical science into the finding of disease early by routine examinations. And I think we must say that we of the medical profession are less ready to make these examinations thoroughly and well than the people are to have them made.

A very important question is, who is to do this work. There is some danger of developing another specialty and, even worse, such an atrocity as examinations by mail. Pre-eminently the man who should prepare for this work, and do it, is the general practitioner. The daily drill of careful routine examinations would double his proficiency in diagnosis in the whole top-to-toe area he has to cover. And it would do much to restore also an old and excellent relation that is in danger of being lost, that of the family doctor who has functions to perform, and is privileged to offer advice even between the emergencies of definite illness.

Tomorrow is not yesterday; it is not even today; but it is a new day, with new vistas, new demands, new needs, new duties. If we are of tomorrow and not of yesterday we must press forward.

(To be continued)

Dr. Andrew H. Woods, of the Peking Union Medical School, Peking, China, in discussing recently the economic loss which comes through nervous breakdowns, said there are seven trends which give warning of future trouble:

"(1) **Excessive introspectiveness.** Persons who pay much attention to their own feelings and emotions, who think of and describe many symptoms, particularly headaches, dyspepsia, vertigo, and backaches, are prone to become hypochondriacal or neurasthenic, or if "suggestible,' they supply the groundwork for hysteria.

"(2) **Sensitiveness and touchiness.** Persons whose feelings are easily hurt, and those who are too much on the alert for encroachments upon 'their rights,' who feel neglect and suffer under slights.

"(3) **The 'shut in.'** These are sealed, uncommunicative personalities who cannot explain, bring out to the light and so dispel misunderstandings and personal difficulties. This trend is particularly significant, if in addition the tendency to brooding and moroseness is present.

"(4) **Egotism, excessive amour propre and self importance.** Bad losers and those who cannot play a subordinate part will impose emotional strains upon fellow workers and will smart under rebuffs and humiliations. Inferiority complexes and faulty compensations are frequent in this type.

"(5) **Bookishness.** The doctrinaire, over-intellectual man, whose thinking is an end in itself, not a means to the accomplishment of purposes. I have seen these persons with such delicately poised judgments that they saw pro's and con's to every proposition, and could never reach a stable decision. The obsessed, the morbid hesitators and doubters among my patients have belonged to this class.

"(6) **Self-distrust.** Some come to grief because of inadequate apprenticeship before they assumed responsibilities.

"(7) **Defective endurance.** Men and women not schooled from infancy to look upon work, responsibilities, as the normal conditions of life are apt to grow restive under the grind of monotonous work."

Editorials

Canada's Diamond Jubilee

On July 1st, 1927, Canada is celebrating her sixtieth anniversary of Confederation—her diamond jubilee.

Today, after sixty eventful years, the mind turns to what has happened since the great compromise known as the British North America Act, was achieved. Such a retrospect seems to show not how slow, but how rapid, are change and growth.

The very vastness of the Canadian Union has created one of its chief difficulties. Distance is a great handicap in the building up of national life. In Britain, a political leader can make a speech in the south of England in the morning and repeat it in the capital of Scotland on the same day. In Canada it takes about six days and nights to pass from one end of the country to the other. It is the penalty of vastness that it is both difficult to create a common public opinion in Canada, and, when the opinion exists, to concentrate it so as to make it effective.

In 1867 Canada was a poor country with no large cities and no display of wealth. In the main the culture of Canada in 1867 was an imported culture. Since that time, prosperity has come to such an extent that, on the whole, one may say there is no widespread poverty, the average Canadian enjoys fairly good standards of living, and more and more, Canadian capital is being used in the development of the country. Since 1867, too, we have made a transition from an imported to a native culture. During May, 1925, the writer had the privilege while in Vienna, of being presented to the President of the Republic of Austria. A comment made by him remains in one's memory. "When I visited Canada in 1909," he said, "I was greatly impressed with the foundations of real culture which are being laid in your young country, a culture which is based on the best of the civilizations of two great nations, Great Britain and France."

This union of these two great civilizations is one of the distinguishing features and greatest assets of Canada. When the Nurses' Memorial was unveiled in Ottawa in August, 1926, the significance of the sculptured panel appealed to many as being especially appropriate. It linked the nursing of Canada up closely to the history of the country. It showed the French nursing sister, typical of the group of courageous French women who left the comforts of an established civilization almost 300 years ago to come to the little colony, then called New France, to carry their gentle ministrations to the sick. At the other side of the panel, were the figures representing Canadian nursing sisters who crossed the seas during the Great War, to carry their gentle and scientific ministrations to wounded soldiers on the soil of old France. Here is poetic justice worthy to be recorded by a gifted pen.

Of all groups of people in Canada known to the writer, it appears that the Canadian Nurses Association has approached more nearly than any other to the ideal of national unity. Possibly this is due in part to the solidarity of our profession. The writer remarked to a nurse born and brought up in Manitoba and working in Saskatchewan, attending a national convention for the first time in Hamilton—"Do you see any evidence of that time-worn bugaboo, 'West versus East?'" "Why no," she replied, "I had quite forgotten I was in the East. I feel just as much at home here as on the prairies." The fact is, we were a group of *Canadian* nurses. Perhaps, quietly and modestly, we may be able to point the way to other groups in this respect. If so, we shall be celebrating the Diamond Jubilee of Confederation effectively, if not in a spectacular way.

Recently the Departments of Nursing in the Universities of Canada were asked to contribute to The Canadian Nurse articles that would tend to arouse greater interest towards these departments among Canadian nurses. Seven years ago a department of nursing was first inaugurated in one of our universities. Similar departments have been opened in other universities since then and each one has had annually a most interested class of nurses in attendance. However, the ideal diet provided is so valuable that it is considered there would be a marked increase in attendance if only our nurses once realized the intellectual treat in store for them: a mental banquet consisting of courses which are impossible for one to anticipate, and after partaking, of such great value that words are inadequate to express the benefits gained. It is hoped that for several issues The Canadian Nurse may be privileged to publish articles from these Departments of Nursing. In this issue there appear contributions from Miss E. Kathleen Russell, Director, Department of Nursing, University of Toronto, and Miss Edith B. Hurley, Professor, Public Health Nursing, University of Montreal.

A Far Country

By E. KATHLEEN RUSSEL

One hundred dollars for a return ticket good for a journey nine months in length. Does it sound attractive? The answer to that naturally depends upon the direction of the travel. The description becomes at this point a bit paradoxical, for the journey of which I speak is always made en masse by groups that buy their tickets together and remain together all through the allotted time, and yet the actual extent of the travelling done varies greatly; some go into a far country, while others are never distant from the point of departure; some few make a complete and speedy return, while the majority never come back, or in coming bring something of the land of their adventure with them.

It is the land of thought of which I am speaking and the ticket is the tuition fee paid for admission to a post-graduate course for nurses at a university. There are indeed confused and even naive ideas entertained about these university courses, their content and purposes, and with reference to these, some observers even yet argue earnestly about the relative merits of theoretical and practical training for a certain piece of work, such as public health nursing or hospital teaching! How can we make it clear that these special courses are not offered as a substitute for practical experience, but, on the contrary, purpose to produce an intelligently informed and prepared person who is ready to learn from all her future experience when she comes to it, instead of bungling with it in an ignorant fashion at the expense of everybody concerned?

I have watched class after class of young nurses enter for this one year of study, usually with very confused purposes or expectations. For the most part the year's course (as unfortunately it is called) seems just a rather troublesome but necessary step between the nurse and the desired occupation in which she wishes to engage. But having entered the University she begins very soon to sense the reality of what a year of quiet study may mean, and the joyous response that is usually made is a good thing to see. Many times I have wished that others could fully appreciate it. We must remember that these students come from a life so full of practical work that detached study has been all but impossible. Then this new and wonderful experience is opened up to them. To see their own work in its historical setting and thus understand whence it cometh and whither it may reasonably be expected to go; to understand its relation to other forces and values in

life; to read and think with great men and women of the past as well as the present; to acquire a scientific method in study and a body of information small but acceptable to their scientific consciences, knowledge upon which their own daily practical work may be intelligently built in the future: these are not small things, nor do the nurses who find them in a post-graduate year deem them small. A university department is indeed guilty if it offers less than this to such a group of students.

The above is a summary of what we are attempting in our University Department of Nursing. The amount that each student gets out of this depends ultimately upon what she brings with her, and the results vary. As a technical training for the public health field the year's work probably leaves much to be desired, as any one year of preparation is bound to do; but surely it has sent forth a more intelligently informed and therefore a more useful citizen to take part in the community's work, one who will improve rapidly in technical efficiency and who will have then and always more than mere technical efficiency to contribute.

I have been asked to tell something of the students that have been with us and of the work which they are now doing. Some two hundred and fifty nurses have passed through the diploma course, and they represent nearly every province of the Dominion, as well as several other countries: Belgium, Poland, France, Jugo-Slavia, Czecho-Slovakia, New Zealand and the United States have all contributed diploma students, while from several other countries have come part-time workers. Our little League of Nations (the name adopted by one class) has proved that the bonds of humanity and of professional interest can be at times as effective as those of national loyalty, while our Canadian students have sometimes discovered a bond of nationhood which has given provincial prejudice a rather clearer perspective in which to view itself.

How shall I describe the work to which these graduates have gone? Letters, visitors and messages come to us from far and near, from remote districts of Canada, frontier posts of Ontario and other provinces as well as from our towns and cities, from the United States, South America, Central America, the West Indies, New Zealand, China and many European countries, and the work that is described in strangely varied. Some are employees of governmental agencies, some of private organizations. Some are providing leadership, while others are giving the perhaps more difficult day-by-day routine service upon which the world's production depends. Some are combining a bedside nursing service with organized health activities, while others are engaged in an organized health programme which omits bedside nursing. The one resemblance that makes them all public health nurses is that they are taking part in an organized effort to prevent disease and increase health.

Perhaps it is still necessary to explain that graduates from any accredited nursing school are eligible professionally for this university work. The matter of educational standing is one that we ask each candidate to take up with us individually. Our University Department is eagerly seeking students from nursing schools located in the smaller towns and more remote districts of the country. The large cities furnish enough nurses inte ested in local work, but there still remain the many towns and rural districts whose needs can only be met by workers interested in such service.

A new opportunity is offered in this Department this year in the form of a four-year course open to senior matriculants. The four years include certain university work and the hospital training in bedside nursing, and at the end of that time the successful candidate has earned the hospital Diploma in Nursing (i.e., from the Toronto General Hospital) and the university Diploma in Public Health Nursing. It is too soon to say more about this work than that it is something to consider for our younger sisters if they evidence an interest either in nursing or in public health nursing.

School of Public Health Nursing University of Montreal

By EDITH B. HURLEY, Prof. Public Health Nursing, University of Montreal

The School of Public Health Nursing of the University of Montreal was organized in 1925 to meet the needs of the French Canadian nurses throughout the Dominion of Canada, and particularly those in the Province of Quebec.

In the Province of Quebec a rather peculiar nursing situation exists for the lay nurse, due to the fact that the French Canadian hospitals are staffed by nuns of various orders, such as the Sisters of Providence, and the Grey Nuns. As a result of which there are practically no institutional positions available for French Canadian lay nurses. Young women graduating from the French Canadian hospitals have taken up private duty nursing service with the Metropolitan Life Insurance Company; in some instances with the Victorian Order of Nurses, the City Health Department, or now and then found work in an anti-tuberculosis dispensary or some other public health organization for which hospital training alone had not prepared them adequately.

The School of Public Health Nursing of the University of Montreal, has taken upon itself, not only the task of preparing French Canadian graduate nurses for the field of Public Health, but also of finding or creating suitable positions for its students on the completion of their training. As the need for adequately prepared French Canadian public health nurses is so great in the Province of Quebec, as well as in other parts of the Dominion, the School at the University of Montreal aims to give a course of training that will fit its graduates for any branch of public health nursing. To accomplish this aim the laboratory method of public health nursing has been instituted whereby the students are able to apply their theory in daily practice.

A section of Montreal comprising two parishes, with a population of 22,000, has been set aside for the demonstration area or teaching centre. Most happily the building in which the Health Centre is housed, and where the offices and class room of the school are located, is just in the centre of the demonstration area. During the nine months (September 15th to June 15th) in which the school is in session, the various professors of the University of Montreal, who are assigned to the Faculty, come to the Centre to give their lectures, which is a great saving on the time of the students. An average of ten lectures a week is given. The subjects treated are not only those of great practical value to the students but also those of a cultural and ethical value as well. The school carries on in its demonstration area all the activities of a visiting nurse service, and social service work is done in the district for various institutions. In fact no other health or social workers come into the district at all. At the Health Centre, which furnishes another part of the practical work of the school, well-baby consultations, prenatal consultations and consultations for pre-school age children are conducted weekly. In addition to the usual activities of a health centre, new born babies are immunized (or "premunized" to use Dr. Calmette's own term) against tuberculosis. This Health Centre was the first, and is still at this writing the only organization on the North American continent to vaccinate the new-born against tuberculosis with Calmette's vaccine.

Each student during the course of study has an opportunity to spend six weeks in an anti-tuberculosis dispensary; six weeks as an assistant to a school nurse, and six weeks with the City Health Department nurses on the contagious disease service. The remaining eighteen weeks are spent in the visiting nurse service in the district. The technique of the Henry Street Settlement Visiting Nurse Service in New York City is taught, and the Health Centre activities are modeled after those of the East

Harlem Nursing and Health Demonstration in New York City, with both of which organizations the writer was formerly connected.

While the programme is a full one and the students are kept busy, they are not overworked. Two weeks vacation is granted at Christmas, and ten days at Easter time. The health record for the two years the school has been in existence is an unusually good one. The students themselves say that it would be difficult to state where the programme could be curtailed without a real loss to them.

The first class of nine students graduated in June, 1926, and they were all placed in good positions. Fifteen hundred dollars a year is considered a minimum initial salary for a graduate nurse who has had in addition a university course in Public Health Nursing, and all but one of the graduates of this school are getting salaries beyond that figure.

The second class of twelve nurses entered on September 15th, 1926. Of these, four are scholarship nurses of the Metropolitan Life Insurance Company, and one has a scholarship from the Victorian Order of Nurses. The students themselves say that there is so much variety to their course of study and experience that the time goes all too quickly. With experience in the various branches of Public Health work mentioned, each student has a chance to find out what branch suits her best.

Due to the unusual features of the programme the school has already received much favourable attention, not only from health authorities in this country, but from foreign countries as well. During the two years of the school's existence 233 distinguished visitors, representing every province in the Dominion, as well as England, Scotland, New Zealand, France, Belgium, Spain and the United States, have visited it. There is also the possibility of French speaking foreign countries sending nurses to the school to be trained in Public Health Nursing. Any Canadian nurse who understands French is welcome to follow the course, as French is the language of the school and of the population with which the school works.

The League of Nations Society in Canada

The following report by Miss Emily Maxwell, Ottawa, representative of the Canadian Nurses Association to the Committee of the National Council of Women in Canada in the League of Nations Society in Canada, was presented to the Executive Committee, C.N.A., in meeting on May 13th, 1927:

The annual meeting of the League of Nations Society in Canada was held at the Chateau Laurier on Friday 11th of February. His Excellency the Governor-General, Viscount Willingdon, acting in his capacity as patron, occupied the chair for some time during the afternoon session.

In his address to the delegates, His Excellency spoke of the objects and work of the League of Nations and of some impressions gained by personal contact with the work of the General Assembly when representative from India.

His Excellency remarked, "the British Empire and its delegates have a great position in the council. Canada is one of the principal parts of the Empire, and her delegates will have more and more influence in the councils of the League of Nations as the Dominion rises in national status."

In concluding, His Excellency assured the Canadian Society of his keen interest and support.

Sir George Foster, president, and Sir Robert Borden, past president, joined in extending a welcome to His Excellency. Sir Robert Borden, in speaking, emphasized the fact "that upon every one of us rests a direct responsibility for the peace of the world. The status of the delegates to Geneva depends upon a strong, virile public opinion behind them," and believes that, "Canadians are realizing this more and more."

Sir George Foster made a strong appeal to the delegates to continue and extend the work and increase the membership of the Society.

Proposals to seek a grant from the Federal Government to assist with the work of the Society and also to seek affiliation with the International Federation of the League of Nations Societies were left over for another year for further consideration.

Nutrition in Childhood

By URBAN J. GAREAU, M.D., Regina

PART I

A thing is said to live when it moves, reproduces its kind, reacts to changes of environment by feeling and registering such changes, and finally by engulfing nutriment with its consequent building up and breaking down in growth and repair. All life processes from the lowest one-celled animal to the cells of complex man exhibit these four characteristics spoken of as vital phenomena, all of which necessarily depend one upon the other. In these few talks I want to discuss this fourth manifestation of life, the taking to ourselves of nutriment and its building up and breaking down. I shall consider not only food as it affects nutrition but shall stress the importance of the ideal environment in nutrition, nature's composition of mental contentment and sunshine, physical rest, darkness and relaxation, play, exercise and fresh air, for it is only by a perfect orchestration of these natural factors that the sweetness and perfection of infancy, the charm of childhood can be realized.

Before considering present day knowledge of food, let us look into the pages of the past in an attempt to learn about the food of early man. Aeons ago when he lived in trees for safety from marauders his diet was essentially herbivorous, dictated by environment, for the most part consisting of seeds, nuts, berries, plants, shoots, roots, honey, barks and to a lesser extent animal food easily pounced upon as snails, insects, eggs, etc. Food was uncooked, as fire had not yet been invented, and was probably prepared by sun-drying and burying. As his intellect improved he became skilled in the fashioning of weapons for hunting, fishing and trapping, and his table became graced with the products of forest and stream. He was becoming a meat eater and less and less herbivorous. Then about 200,000 years ago, came fire and what we speak of as the cooking period when many coarse roots and vegetables were made palatable by cooking and added to the dietary. There followed the food culture period, in which we live today, about 30,000 or 40,000 years ago, when man began to store fruits, seeds and roots, to cultivate primitive cereals and to develop animal husbandry, having, as he tended to settle, his food growing and stored around him. Food supply was measured by demand and diets were untampered with and reasonably well balanced. Within the last few hundred years, however, especially the past twenty-five or fifty, commercialism has seriously interfered with this question of supply and demand. Cereal intake, largely of refined nature, has increased from 5% to 35% and the sugar intake because of the commercial product from beetroot has multiplied ten times. In the past, changes were slow and man readily adapted himself. Today with our cold storage food, devitalized cereal, condensed milk, canned meats, fruits and soups, changes are so rapid that our metabolic processes are literally gasping. Hence the increase of nutritional disorders in the past decades and the necessity for a return to a food intake as primarily intended by nature—a balanced diet.

What are the requirements of a balanced diet?

(1) It must be digestible.

(2) It must be free from disease.

(3) It must contain a sufficiency of protein for growth and repair.

(4) It must contain fats and carbohydrates in sufficient quantities to supply our energy needs—for working purposes—our calories.

(5) It must contain the four vitamines, A. B. C. and D., possibly

more, and nine definite salts: phosphorus, calcium, iron, iodine, sodium, sulphur, chlorine and magnesium and polassium.

As we proceed with this and other talks, please keep in mind these important dietary necessities. In the meantime let us pass on to their actual application.

Considerations of nutrition, up to the end of the first year are divided for discussion purposes into, first, prenatal, and second, infantile, a discussion based purely upon change of domicile. As far as nutrition is concerned the change is more apparent than real, and growth processes continue after, as before birth. We are too prone to think of the infant on his first birthday as being 12 months of age, when as a matter of fact, he should be considered of an age as dating from the first division of the cells, 21 months prior to this first birthday. Therefore, how purposeless to gaze with alarm in the first year of infancy on small notched or lime deficient teeth and to rush to dentistry to correct defects which began from a perversed prenatal existence six months prior to birth, and how reciminating at 6, 7 or 8 years to find similar defects in permanent teeth, which were meant by nature to function for a lifetime. Please note carefully that these dental deficiencies, while more demonstrative because of cosmetic reasons, are none the less equally present throughout the whole skeleton and have a very early starting point.

In prenatal days the mother must supply the minerals I have mentioned, especially lime, phosphorus and iron. She is a contractor erecting a structure, the permanency of which will depend upon the constructing materials. Under the influence of rest, sunlight, fresh air, in the absence of infections: teeth, throat, etc., on a dietary of dairy products, glandular products, fruit, green salads and vegetables such as beet greens, spinach, turnip greens and sprouts, this construction should be durable and permanent. In Northern Manchuria the diet of the middle classes is essentially wheat flour, bean flour and millet. As a result of this deficient feeding many of these people suffer from a disease we speak of as osteomalacia, a softening of the bones and their children frequently do not come to term or are born weaklings. This condition is not observed in these parts amongst the women of the poorer classes who toil in the fields in the sunshine, or amongst the better classes who can afford a more varied diet.

The laws that I have already laid down for prenatal nutrition apply during infancy. The child is still dependent and can only get from its mother what she receives. Certainly her favorite diet of tea, toast, jam, sugar, cereal and some milk is not sufficiently protective. A. F. Hess in the Journal of the American Medical Association no later than January 1st, 1927, states that fully one-third to one-half of breast-fed babies develop rachitis in this climate. Among other experiments performed in this connection was the following to prove:—

(1) That breast milk can be rachitic producing.

(2) That this same milk can be rendered anti-rachitic by exposing the mother to artificial or natural sunlight. Hess developed rachitics in young rats by feeding them a faulty diet. Then he fed them for a period of ten days one ounce of breast milk daily, which tradition states is the very elixir of life. But surprisingly the rachitis began to develop and the poor rats were getting very low. Now, he had the mother irradiated with artificial sunlight for a time and her milk, fed as before, immediately began to heal the bones of these rodents.

I do not mean that a balanced diet alone will supply a perfect milk for the growing infant and prevent de-

ficiencies. I venture to state that any nursing mother on a perfect diet with plenty of fresh air but living in darkness throughout her lactation period will develop a rachitic infant. This year the winter has been long, the sun as long away, and at present in Saskatchewan on account of this relative darkness there is considerable deficiency among the breast fed.

What I wish to emphasize is that the balanced diet is an important part of breast feeding. You may say "True, but many mothers cannot afford, especially in winter, these dairy products and these salads and vegetables." To this I answer that in these cases it should be and is going to be the State's obligation: the State that will sound its clarion in times of war and take what it considers fit. In the "old country" today meal tickets and milk tickets are given to the prospective mother amongst those poor financially, not only to save them from having to labour up to the last of prenatal days but to provide them with proper food. Recently, also, it has been advocated that their prenatal clinics be equipped with sun-lamps in order to "buck up" those less fortunate physically.

First, then, the mother should feed her child naturally because the best citizens and the greatest nations have been breast fed. The Roman Empire began to decline only when the Roman mothers began to refuse to feed their young at the breast. Second, she should feed it not only breast milk but good breast milk, the best she can possibly metabolize. By so doing her child will be resistant to infections, free from malnutrition and deficiency diseases.

As the infant grows and appears to thrive at the breast, it should be protected early, especially in winter days, with vitamines and minerals in the form of fruit juice and cod liver oil; orange, grapefruit, tomato, and other juices should be started as early as the second month and a standardized cod liver oil (such as Mead's, Ayerst's and Parke Davis's, all of which are obtained from Newfoundland cod), about one month later. Spring or tap water boiled and unsweetened may be offered freely between feedings—no concern being shown if the child does not desire such. To this may be added any vegetable water, that from canned vegetables being allowed in the winter time, as a source of minerals. Water from green vegetables, especially from their leaves, is rich in iron and iron pigment, so necessary to all infants, breast fed or otherwise, who naturally tend towards iron deficiency or anemia after the first six months. Lime, phosphorus and iodine are also present in vegetable water. About the fifth or sixth month a cereal may be given and about the sixth or seventh, vegetables well cooked and sieved or as a soup or puree. These, and also crusts, encourage mastication and jaw development for well spaced and even teeth. At this stage if we are not satisfied with progress, the metabolism may be greatly stimulated by a three or four-week course of Alpine Lamp treatment in winter time, and better still, of natural sunbaths in summer, concerning which I intend to mention later.

Sooner or later as shown by a failure to gain from week to week, supplemental or complemental feedings of cow's milk may be started, the quantity indicated by test meals of the actual amount of breast milk taken. There is really no choice between these two methods of giving extra food, some preferring to offer the formula at the end of each breast feeding—others considering the supplementing of one or two breast feedings to have greater merit. It goes without saying that the early acquaintanceship of cup and spoon feeding in the early months will materially lessen the difficulties of self-feeding later.

For the infant who is not so fortunate as to be breast fed, cow's milk modifications worked out on a caloric basis should be used. Those with delicate gastro-intestinal tracts should be started on skimmed milk mixtures with sugar or starch additions and slowly worked up to a tolerance for the fat of whole milk.

Others would appear to thrive from the first on acidified milk with or without the addition of sugar. Of primary importance in any formula is the protein, which as I have mentioned is absolutely essential for growth and repair. Condensed milks being low in protein and high in sugar develop flabby, spineless, though often large infants. The digestibility of cow's milk is frequently improved by a light boiling. Excess sugar or starch makes, as I have stated, for flabbiness and in addition disposes to fermentation of food, with diarrhoea. Each individual must be studied separately and changes made in the sugar used depending upon the condition of digestion as indicated by stools. Milk, sugar, malt sugar and starch are more easily fermented than cane sugar. For diarrhoea very often to discontinue sugar is sufficient. In more perverse cases, protein milk, casec, or milks high in protein are necessary as protein is not acted on by the fermentative bacteria of the intestinal tract.

PART II

I have already stated that the formula for health in children demands a regular gain in weight, a good natural colour, a firm musculature, a substantial frame or bone structure, and especially a happy disposition. This combination perforcedly makes for good resistance or freedom from disease: good nutrition.

Conversely in the absence of any or all of these, we find respectively poor colour or anemia, a flabby muscular development, a defective bone formation and a nervous or sullen mentality. All being attributes of faulty nutrition or malnutrition.

Malnutrition is not a disease, but rather a condition of the body in which it deviates too much from the normal. Fundamentally as direct causes of malnutrition there may be a disregard of one or all of the laws that I stated as being necessary to a balanced diet.

You will recall that it was agreed that the diet must be digestible. What are the results of an indigestible feeding mixture? Invariably indigestion as manifested by pain, vomiting and diarrhoea, with consequent loss of weight, leading to the chronic state of malnutrition we call marasmus, or a more acute and exceedingly dangerous condition called dehydration. The food then must have its protein, carbohydrates, and sugar or starch, proportioned so as to make for the most salubrious digestion possible. In this country where the wet nurse is a rare being, the problem of obtaining a digestible mixture for the difficult feeding case has been splendidly met by the many varied forms of acidified milk.

The second law of a balanced diet demands that it be free from disease and I have already argued for boiling of milk for infants and pasteurization for those older. The problem of unhealthy milk makes itself only too obvious in summertime and early autumn when the death rate often doubles itself because of diarrhoea and dysentery. The infant in this season who is not exactly up to par, whose diet has been high in carbohydrate has only to be given a milk containing fermentative organisms to create an upset of no mean proportions. The condition is always urgent, as water loss becomes acute —amounting to pounds daily. The first indications are water by every available route. The feeding part of this may usually be satisfactorily solved by the feeding of non-fermentable food, such as a mixture high in protein.

Thirdly, it was stated that the balanced diet must contain a sufficiency of protein for growth and repair. There is no doubt that many an infant has been stunted through being fed a diet too low in protein, as is found in condensed milk dilutions. The ideal protein requirement is found in breast milk which contains from 1½%to 2%. Metabolic studies place the minimum quantity for body needs at three-quarters of a gram per pound of body weight daily, so that one quart of milk in the child's dietary each day will make a very fair provision towards adequate protein supply.

Then the dietary must contain a sufficiency of fat and carbohydrate for energy, the ignoring of which will always result in malnutrition or even starvation.

Finally, it must supply vitamines A, B, C and D in adequate amounts. It has been demonstrated repeatedly that animals cannot live upon a mixture of pure protein, fat and carbohydrate and salts, even though all of these may be present in adequate amounts and suitable proportion. Accessory factors—vitamines—seem to be the substances which oil the machinery of metabolism and help good nutrition. A deficiency of water soluble B is the specific cause of beri beri found chiefly in the Far East where people often live exclusively on a diet of polished rice. Fortunately the diet of infants and children in this country usually contains ample B and little concern need be had regarding its appearance. A lack of fat soluble A, the antiophthalmic and growth factor, is however, reason for anxiety, as such may be very harmful. Both A and B have been shown to be necessary to life and growth. When either is withdrawn from the diet of a growing animal it first ceases to grow, then loses weight and finally dies. Deficiency in food factor C is the cause of scurvy which because of the almost universal practice of giving fruit juice to infants, is rarely seen in this country. Referring to the newer element accessory D, Marriot states: "Considered from the standpoint of food factor D, rachitis is a dietary deficiency disease. From the standpoint of prevention and cure by sunlight, rachitis is not a dietary disease but one of faulty hygiene. Both D and radiant energy serve to maintain the normal salt relations in the body, and particularly regulate the balance between lime and phosphorus so that normal deposition of bone occurs. What likely happens is that sunlight or radiant energy builds up vitamine D in the human blood stream—the only example of a vitamine being synthesized by the human."

The point of importance here is that both these factors are one and the same thing.

Doctor John Howland, professor of Pediatrics, Johns Hopkins University, Baltimore, stated before the Harvey Society, March 31st, 1923, that there are clinical and pathological statistics in sufficient number to attest that from the latitude of the middle of Italy to the north of Scotland from 75 to 90 per cent. of Europe and America are the victims of rachitis in the winter and spring months. This disease may appear as early as the first and second months after birth, though it is more common to find symptoms such as head sweating, irritability, muscular weakness, anemia and bony changes at the fourth or fifth month. These latter are legion and may have a very serious effect on all weight bearing parts, such as the spine, pelvis and limbs. Recent work from Harvard University has shown that the epithelium lining, the respiratory and urinary tracts undergo degenerative changes in this deficiency, so that infections such as head colds, sore throats, bronchitis and pneumonia are frequent as well as pyelitis and cystopyelitis. Truby King, of New Zealand, one of the pioneers in this work, has stated that the bony and epithelial

changes taking place in rachitis, often with a consequent alteration of the naso-pharyngeal space, are a direct cause of diseased tonsils and adenoids. The rachitic child is a poor specimen to be confronted with a severe diarrhoea in the summer time, for like its cousin the carbohydrate baby, it dries out at a very rapid rate. More remote consequences of rachitis are defects of permanent teeth and posture. It has been stated by several leading medical authorities that the lime deficient body is very susceptible to tubercular infection—a disease which, when well resisted and fought, demands large quantities of lime at the expense of the body reserve.

Referring to the malnutrition following upon a lack of iron or iron pigment in the diet—the secondary anemias—I have already emphasized the necessity of starting this element in the form of vegetable water as early as the second or third month. The infant starts off with a goodly supply of material iron in its blood, often as high as 115%, but this quickly disappears. One becomes so used to seeing white infants in the second six months of post natal life that ones takes such anemias for granted.

Studies of iodine in nutrition have established that there is a danger, in certain parts, of human beings and animals failing to secure a sufficiency of this element in their food. The thyroid gland contains about .2% iodine where it is essential for the formation of an organic iodine containing compound which acts as a hormone or regulator of metabolism. Kendal, who isolated this substance in 1915, has called it thyroxin. A lack of iodine in the diet prevents the formation of this hormone and leads to hypertrophy of the gland. There has been considerable controversy as to the need of adding iodine to the diet or drinking water, some going so far as to state that such can cause actual danger in that iodine given to those goitrous will aggravate the condition. As far as children are concerned, however, this danger is not real and the giving of small quantities of iodine in salt or water is to be strongly recommended. The different sources of drinking water in the province of Saskatchewan would appear to supply fair quantities of iodides as evidenced by a comparative lack of thyroid upsets, and it is to be hoped that these natural waters, hard, though wholesome, as they are, will not be spoiled by municipal softening plants, as iodine salt would be the first element to be precipitated out.

At the present time we know of no actual disease conditions resulting from a lack of magnesium, sodium, potassium, chlorine, or sulphur in the diet. We believe, however, that these are equally essential to good nutrition.

Other examples of malnutrition are afforded by the child who has as a cause focal infection such as diseased roots or abscessed teeth, infected tonsils and adenoids and even an extension of these into the sinuses. Any of these as a portal of entry can keep up a constant source of irritation to kidneys, heart, lungs, bones and the nervous system. Children frequently complain of "growing pains" which as you know have nothing whatever to do with growth but are actually rheumatic manifestations and are due to absorption from some focus.

In the absence of infections, especially in the school child, a search for a cause of malnutrition will very often elicit the fact that the child is not getting sufficient rest physically or mentally. Overfatigue is altogether too common amongst children and a careful inquiry will often bring out evidence that such a child is running and skipping, etc., too much. Such children awaken unrefreshed and slouch about. On examination they reveal a flat chest, winging scapula, lordosis and pot-

ting of the belly: a condition spoken of as fatigue posture.

Nervousness—even leading to conditions such as chorea—may be a result of fatigue, or the actual cause. Frequently it develops in a home where there is too much incompatibility of temperament or excess irritability on the part of the parents: often it develops from a too rigid school routine or both. Add to this piano lessons, insufficient sleep or similar things, and we frequently have a child on the threshold of a nervous breakdown: fidgety, as we call her. Such children should be removed from school for months if necessary, and it is for the parents to demand this, as school authorities are so obsessed with educating that they often completely overlook these important states of well—or ill—being. If the source of irritation is in the home, a trip to the country for relaxation and mental rest will work wonders.

As with infants, an opinion of the state of health of children must be arrived at by a consideration of all factors, such as colour, muscularity, posture, attitude, condition of teeth, hair, skin and, finally, the weight. It is fairly generally accepted today that any weight which deviates more than seven per cent. under or over the averages given in Wood's Table may be accepted as malnutrition.

In conclusion I would like to again stress the importance of the balanced diet—the natural diet; the necessity of fresh air, of physical and mental rest and sunshine. I would like to see sun farms, built a short distance from our Saskatchewan centres, where all these natural laws could be put into operation for the sake of the coming generation.

(**Note**:—The two foregoing papers were delivered before the Saskatchewan Registered Nurses Association in annual meeting and institute April 20-22, 1927, by Dr. Urban J. Gareau, pediatrist, Regina. A third paper by Dr. Gareau will be published in the July number and deals with the most important food stuffs of man's dietary.)

A Mutual Benefit Association

By MABEL K. HOLT, Montreal General Hospital.

It has been thought that an account of the Alumnae Mutual Benefit Association of the Montreal General Hospital School for Nurses might be of interest to readers of The Canadian Nurse.

Some years ago the question arose, as I suppose it does in all training schools some time or another, as to the care of our graduate nurses when ill and unable to work. To meet this pressing need it was decided to raise some money in order to form the nucleus for a sick benefit fund.

A bazaar was held at the Montreal General Hospital and also a weighing party, the entrance fee for the latter being determined in cents by the number of pounds that comprised one's weight. In this manner several hundred dollars were obtained and the project was successfully launched.

In 1916 the following by-laws were added to those of the Montreal General Hospital Alumnae Association:

Article IX—Mutual Benefit Association

Section 1—Eligibility: (a) Any member of the Alumnae Association in good standing is eligible for benefit of this fund on payment of an initiation fee of ten dollars ($10.00) and an annual fee of two dollars ($2.00) within six months of graduation.

(b) Any member of the Alumnae Association in good standing not joining within six months of graduation upon payment of initiation fee of twenty dollars ($20.00) and an annual fee of two dollars ($2.00) is eligible for benefit of this fund six months after date of joining.

Section 2—Privileges: (a) Any member of the Mutual Benefit Association may have the free use of a private ward in the Montreal General Hospital for a period not exceeding two calendar months in any one year.

(b) Any member of the Mutual Benefit Association who is ill and not receiving free hospital care shall be granted five dollars ($5.00) per week, such benefit to be paid after the first week of illness and not to exceed eight weeks in any one year.

(c) Written request for payment of claim to be made not later than thirty (30) days from happening of any event, by reason of which claim is made, if such be reasonably possible.

(d) Payments of claims may be made only upon receipt of attending doctor's certificate stating length of period of illness.

Section 3—Dues: (a) The fees of the Mutual Benefit Association shall be two dollars($2.00) annually, due at the annual meeting. Any member whose dues are not paid by July 1st of each year shall pay an additional fee of one dollar ($1.00). If dues are not paid by the end of the current year she shall be considered as having resigned her membership and shall pay all dues in arrears before she can again become a member.

(b) Notification of fees due will be sent only with the notice of the annual meeting of the Montreal General Hospital Alumnae Association.

(c) In event of any change in the amount of annual fee, members shall be governed by the amended by-law from date of its adoption.

I would like to draw attention to section 2, clause b. As the finances were in good condition it was decided to give additional benefit, which came into effect September, 1924. At the last meeting of the Alumnae Association section 2, clause b, was amended to read as follows: Any member of the Mutual Benefit Association who is ill and not receiving free hospital care shall be granted ten dollars ($10.00) per week, such benefit to be paid after the first week of illness and not to exceed eight weeks in any one year. This was put to the vote and unanimously carried.

The office of honorary treasurer has been held by the same member since the inception of the Mutual Benefit Association. As our capital now runs into many thousands of dollars one can easily imagine that this office is no sinecure.

Cocaine

Cocaine is obtained from the leaves of the coca plant (Erythroxylon Coca), a shrub a few yards in height, with leaves which in size, shape and odour resemble the leaves of the tea plant, small yellow flowers and red stonefruit. It will thrive only at an altitude of between approximately two to five thousand feet above sea level. In low-lying districts and at a higher level it does not pay to attempt the cultivation of plantations. The leaves are harvested three or four times a year and dried as rapidly as possible, preferably in the sun. Formerly this shrub was grown principally in Peru and Bolivia, and in isolated spots along the whole range of the Andes, but owing to the inadequacy of the amount available for export from South America it has been cultivated on a large scale of late years by the English and Dutch in India, Ceylon, Java and Sumatra, where the industry is carried on in an up-to-date and systematic manner. Chemical analyses are made in conjunction with the work in the fields and care is taken to foster only the varieties of the plant richest in cocaine.

For many centuries the coca plant has been known to the natives of South America. When the Spaniards reached the continent it was already found to be no longer wild, only growing in a state of cultivation,

which is always testimony that a plant has been known to man for untold ages. How far back in the past its use extended is not known, but the fact that it was embodied in the religious cult of the natives testifies to a knowledge of it in extraordinarily remote ages. When Pizarro and his companions came to Peru in 1532, they became familiar with the coca shrub, which was considered by the natives to be holy. It was regarded as a gift from the gods and used at all solemn ceremonies. During divine service the priests chewed coca, and in order to gain the favour of the gods an offering of the smoke of the burning leaves was made. An undertaking begun without coca incurred no blessing. The sick must have a coca leaf in order to get well and the dead received coca leaves to secure a good reception for them in the next world. As a sensual drug the plant even at that time was both used and abused. Coca is still regarded by the natives in large tracts of South America as an indispensable sensual and reviving agent, and is extensively chewed by those engaged in hard manual labour. The leaves are taken one by one, freed from stalk and veins, put into the mouth and chewed until a moist mass is formed. The juice is slowly swallowed and the chewing continued until only the fibres of the leaves are left. The reason given for the chewing is that it satisfies hunger, gives the weary new strength, and allows the unhappy to forget their sorrows. This is not difficult to understand, with the present knowledge of cocaine; the local deadening effect on the stomach dispels the feeling of hunger, and the stimulating effect on the brain relieves the feeling of exhaustion.

The second period in the history of cocaine begins with the years 1860-1865, when the chemists Niemann and Lossen isolated the active principle, the alkaloid cocaine, in a pure crystalline form. In their communications they stated that it had a bitter taste and produced numbness or loss of sensation in the tongue. In 1884 a Viennese physician, Koller, discovered its local anaesthetic action on the eye. If a few drops of five per cent. solution of cocaine hydrochloride are put into the eye, a slight burning sensation is felt first, followed by a feeling of coldness, and in three or four minutes the eye becomes insensitive, so that operations can be performed without pain. Sensation returns after fifteen to twenty minutes.

Cocaine was very soon used on all the accessible mucous membranes, on the surface of ulcers, in the nose, mouth, throat, urethra, etc. It was always applied in the form of drops or painted on. Innumerable cases became independent of the elaborate anaesthesia induced by chloroform or ether, which always requires considerable preparation and time, the services of a skilled assistant, preliminary examination, and either cannot be used at all or only with extreme caution in various debilitated conditions. Cocaine does not act on the intact skin, but this may also be rendered anaesthetic by injecting the drug just below the surface. If a solution of cocaine is injected into or close by a sensory nerve trunk, conduction is abolished and the whole area supplied by the nerve becomes insensitive. This is called conduction anaesthesia, or regional anaesthesia. In the case of mixed nerves, when the ordinary concentrations of the drug are adhered to, only the centripetal, conduction or sensory fibres and not the centrifugal motor fibres are paralyzed. The hand can be made insensitive while the fingers retain their power of movement. Cocaine seems therefore to have a special affinity for sensory nerve substance. Valuable as cocaine is, there is one great drawback to its use, namely, its toxicity. Cocaine passes readily into the tissues, thence into the blood and acts on the central nervous system. Before its poisonous qualities were adequately recognized many deaths occurred. It is for its peripheral effect that medical art has need of cocaine, and all would be well if it acted on the sensory nerves only and was free from the toxicity and the

undesirable influence on the central nervous system, if abused.

In an effort to free the drug of all undesirable elements, cocaine has been the object of long and laborious study. The chemical constitution of the drug was discovered by Willstatter in 1898. Cocaine consists of a large number of atomic groups which have a definite geometrical position. In order to determine which group or combination of groups produces anaesthesia, a number of combinations were prepared in each of which one of the groups was missing or replaced by others. Changes in the positions of the groups were also investigated, and it was found that no single group, alone, possessed the pain-inhibiting qualities. The paralyzing effect on the sensory nerves is dependent on the presence of certain groups and on their mutual positions: therefore, dependent on the architecture of the molecule; the geometrical arrangement of the groups.

As the result of lengthy and laborious investigations it is now possible, purely synthetically, to build up bodies which are not identical with cocaine but are made in its likeness and possess the required properties, namely, a strong anaesthetizing action but with little or no effect on the brain.

The Canadian Nurses Association and the National Council of Women in Canada

By EUNICE H. DYKE

It has been my privilege to represent the Canadian Nurses Association at the executive conference of the National Council of Women held in November, 1926, to act on a special committee appointed to study maternity bonuses and to be a member of an active local council. These recent contacts have interested me in constitutional questions which may interest other nurses who are considering the future relationship of nursing organizations to the Local and National Councils of Women. I have learned that there is a growing appreciation by the council of the necessity for research as a basis for action.

The National Council of Women is primarily a federation of local councils which, in their turn, draw together local clubs and organizations with special interests. The unifying spirit of public service in the local councils is the precious thing which binds together these otherwise isolated and sometimes divisive interests.

The status of provincial councils and of nationally affiliated organizations are questions which are being considered in the light of their effect on the local councils. Discussions of the relationship of local councils, provincial councils and the National Council have some points in common with our own discussions of the affiliation of local units with both provincial and national associations. A committee appointed in 1925 to study the perplexing questions of national affiliations was continued at the executive meeting held in November. The danger to the National Council of Women in its national affiliations appears to be that the influence of the local councils may be weakened by an attempt to unify from national offices down rather than from the "home town" up.

The November meeting of the executive committee demonstrated possibilities of co-operation between the council and the professional organizations.

Following two addresses on communicable disease, a resolution was adopted advising local councils to arrange for speakers to present recent developments in the control of communicable disease. A paper present-

ed by the Victorian Order of Nurses led to a resolution that the local councils should study the need for public health nursing service in their communities and co-operate in securing special training for graduates of their local hospitals. When the question of midwifery was presented a resolution was adopted requesting the Canadian Medical Association to study the causes of maternal mortality in rural and urban Canada.

The new policy of using expert consultants before seeking legislation and the old practice of acting on the suggestion of councils in advance of research by qualified committees are in conflict incident to the question of maternity bonuses.

A resolution approving maternity bonuses was referred at the November meeting to a special committee on which the Canadian Medical Association, the Canadian Nurses Association and the newly organized Canadian Association of Social Workers would be represented. The history of action in this matter is not yet complete. The committee appointed in November was called together by the secretary of the National Council of Women on February 8. The representative of the Canadian Nurses Association was chosen by that association and the representative of the Victorian Order of Nurses by the Chief Superintendent. The executive of the Canadian Association of Social Workers had not been able to meet and did not send a representative. Other members of the committee present were selected by the convener of the committee.

The convener presented a plan for maternity bonuses which it was proposed should be presented to Provincial and Dominion Governments. This plan had been approved by the sub-executive and forwarded to local and provincial councils for consideration and discussion at the next executive meeting to be held in March. A resolution was adopted by the committee requesting the Canadian Association of Social Workers and the Canadian Women's Medical Association to study the question and to report to the committee. In response to a request of the convener for approval of the proposed plan a resolution was presented by your representative embodying the statement that the plan had already been adopted by the sub-executive and forwarded to the local councils and making clear that the plan had been forwarded for discussion only.

In the opinion of your representative this plan of maternity bonuses should not have been submitted to the local councils while a committee appointed by the National Council to study the question had not yet been called together. It was evident also that the meeting on February 8 was not qualified to approve or disapprove of the plan. The executive committee at its meeting on March 30 and 31 withdrew the plan forwarded by the sub-executive to the local councils and substituted a resolution calling for a study of maternity and infant care. Reports of this wider question from the local councils and on maternity bonuses from the Canadian Association of Social Workers and the Canadian Medical Association will be considered by the committee appointed in November last.

It is evident that the present situation within the National Council of Women leads to premature action in matters calling for the most expert advice Canada has to offer.

The Toronto Local Council of Women is demonstrating the possibilities of advisory committees, a demonstration which suggests a possible substitute for the present plan of national affiliations. A Social Service Advisory Committee is prepared to study any social service project under consideration by the local council. The convener of this committee is named by the Alumnae of the Social Service Department of the University. The members are chosen from social workers and nurses employed by organizations within the local council. When the local council was

asked by some of its members to petition the Government to extend the Mothers' Allowance Act to include deserted wives and mothers with one child, this committee presented convincing arguments to prove that the proposed changes in the Act are premature. This and other equally valuable contributions to the work of the council have led to a decision that no funds will be raised by the council for relief or social service projects without the approval of the Social Service Advisory Committee. Members of the Women Lawyers' Association of Toronto have consented to form an advisory committee on legal questions. Recently the convener of this committee, which had not yet been formed, submitted a valued opinion on a resolution prepared by the National Council for discussion at the recent executive committee meeting.

The policy of appointing advisory committees of professional workers offers those workers the oportunity to influence public service and legislation. The challenge of the Toronto Local Council of Women to the social workers of its membership has demanded many hours of conference and study from some of the busiest social workers in the city. The reports of the committee have been presented so convincingly that the recommendations have been accepted even when they have involved a reversal of earlier council decisions. The Canadian Association of Social Workers may find that its organization is not yet complete enough to give the research service requested by the National Council of Women in the question already referred to them.

We appreciate the power of the Local Councils of Women to focus attention upon questions of local importance and of the National Council upon questions of national importance. Recent evidence that a policy has been adopted of using expert consultants inspires confidence in that power. The nurse's relationship to the community gives her a peculiar responsibility for the advancement of social welfare. What should be our relationship to the Local and National Councils? Are we so organized locally and nationally that we can undertake research work if called upon in the public interest to give advice leading to legislative action?

A scholarship of $250.00 for the course in Teaching in Schools of Nurses at the School for Graduate Nurses, McGill University, is being offered by the Alumnae of the School for Graduate Nurses. See page 324.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss. Frances Reed, General Hospital, Montreal, P.Q.

Supervision in Schools of Nursing

By Miss ANNA D. WOLF, Superintendent of Nurses, Albert Merritt Billings Hospital; Associate Professor of Nursing of the University of Chicago

As one reviews the Curriculum for Schools of Nursing, recently published by the National League of Nursing Education, a very striking contrast is brought out in the total number of hours suggested for the theoretical courses and practice nursing. The course of study covering three years allows 825 hours for didactic and laboratory teaching and designates 3,660 hours to nursing practice in the various wards and departments of the hospital and field work. I would venture to say that in the large majority of schools the proportion of these two sets of hours is quite different from the above figures—a larger number of hours devoted to nursing practice. In a study of ten records of nursing practice chosen at random, the mean average of the total number of hours of practice was 7,500 hours; the mean average of the total number of hours of theory was 675 hours. In other words, a student spends anywhere from five to ten times the amount of time at the patient's bedside or in activities relative to his immediate care than she spends in the class room or laboratory.

For many years our leaders have urged better teaching in schools of nursing and as a result our schools now provide undoubtedly more careful instruction for class room work. With emphasis placed upon the teaching of theory and the consequent improvement in this part of the work, have as great strides been made in the teaching of our student for that greater part of her curriculum—the time she spends in the care of her patient? Are we confident that the student is receiving the greatest educational value from this experience?

Let us consider for a moment the organization of a school of nursing in a hospital. Some such picture as this might be drawn. The superintendent of nurses, matron or principal of the school is usually directly responsible to the directors of the hospital for the nursing care of the patients, and in most instances a school of nursing has been organized in order that this nursing care may be given economically and adequately. So she finds herself in the dual position of administrator and educator. With these two functions in mind, she appoints her staff. Contemplating the theoretical programme, commonly called the educational programme, she may appoint a group of instructors whose duties are concerned with the teaching of sciences, such as chemistry, anatomy and physiology, or nursing principles and practices. Another group may be appointed for the administration of the various wards and departments of the hospital incident to the nursing care of patients. This group, generally designated as supervisors or assistants, have closely associated with them head nurses, each one of whom may have a given number of students assigned to their wards for service to patients, which constitutes their nursing practice—a definite part of their curriculum.

As our interest at this time lies in the better supervision of students'

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ward practice to the end that it may be of greater educational value to them, let us consider a definition of supervision which may meet this need and then try to find ways and means of maintaining it. A definition given us by a general educator seems one which we can accept with certain modifications to fit the peculiar needs of nursing. From W. S. Gray (Methods of Improving the Technique of Teaching) the following is quoted: "The function of a supervisor is the improvement of instruction, the encouragement of good work, and the constructive elimination of ineffective efforts and misapplied energy. . . . Expert supervision should lead teachers to a broad vision of teaching problems, to a broad range of experience so that the work of one grade may be seen in relation to the work of other grades, to an understanding of needed revisions, of necessary growth and of the final outcomes of instruction." And we should add, if this is applied to nursing, that by so doing those supervising and those supervised may better promote health and care for the sick.

For the purposes of teaching nursing, what better class room or laboratory could one find than an active ward or department of a hospital from the viewpoint of physical setup and clinical material? Our best hospitals pride themselves on the excellent administrative management of their wards. Standardized equipment is generally maintained. This necessitates upon the part of those in charge a careful inventory of equipment and supplies, with the accompanying systematic checking, ordering, economic dispensation and use, renovation or replacement, and general care. Much of the burden for this falls upon the head nurse or supervisor; in fact, they frequently feel this responsibility so greatly and spend so much time upon it that a proportionately small amount of time remains for other work on the ward. The maintenance of standardized equipment and supplies alone, however, does not meet our need for a good nursing laboratory.

The standard of nursing maintained on the ward is a most important factor which makes the ward a good or poor nursing laboratory. Again to the supervisor and head nurse do we turn as the responsible persons for the establishment and upholding of good nursing technique. It is true that the established technique is dependent to a degree upon the type of supplies and equipment on the ward. It is very true that the methods employed have been handed down through nursing instructors year after year with slight variations; in fact, it is often a matter of pride in many hospitals that such is the case. It is to be remembered that little change in methods of nursing means in all probability little progress in nursing, and that if nursing is to take a place among professions we cannot abide by empirical methods but must experiment and determine our nursing procedures according to scientific bases. It is upon the head nurse and supervisor that such activities must depend, although stimulated by the superintendent of nurses. It means further that they must be specialists in the nursing of the particular type of patients in their department and must keep well-informed in regard to recent medical and surgical findings that would affect patients' care. Interest, initiative and an inquiring mind conducive to experiment work are necessary. Cooperation with members in other departments should be manifested. The effect of such a programme of nursing activities would undoubtedly be helpful to the student group. It would make them appreciate the importance of evaluating procedures upon scientific lines and stimulate their initiative and whole-hearted response.

Having determined nursing methods, their application to the patient must be made. We would agree that the duties and services for the actual

care of the sick and convalescent in hospitals are rendered largely by student nurses with assistance from attendants, orderlies and maids. The assignment of duties is an essential part of the programme of ward management and requires considerable knowledge of the necessary needs of each patient, the amount of time required to perform each task, and the abilities of those performing the services. It should mean much more than that in regard to the students' participation as it must be recalled that their activities in this part of ward management must mean education for them and at the same time it must mean careful nursing of the patients.

In order to promote the educational advantages of nursing practice, the assignment should meet with the peculiar needs of each individual student. It has been conceded by leaders in vocational education that theory and practice should proceed together. One rarely finds such a planned scheme in our schools of nursing, unless it is in an affiliated course where the theory of the subject is given simultaneously with p r a c t i c e. For numerous reasons, largely of an administrative and economic nature, it has seemed impossible to have the two at one time. Therefore, the logical arrangement would seem to be to have the nursing practice follow theory so that the student may have the benefit of a theoretical background in her nursing practice. Whatever plan is adopted, would not the supervisor and head nurse have to be well acquainted with the whole curriculum in order that they may be able to co-ordinate the particular part with which they are concerned with the whole? If this is true, it would presuppose an active participation on the part of the supervisor and head nurse in the construction of the curriculum and a deliberate study of the subject matter which should be taught the student in their particular department. A well-planned outline of study for nursing practice should be followed. A selection of patients made for each student according to her own needs. The students' activities should centre in the patient as a member of society to the end that the individual patient is nursed as an entity. The study of the patient should be directed in such a way that his social needs as well as his medical and nursing needs may be met. Systematic records should be kept of each case the student has had. Personal and group conferences, detailed case studies of certain selected cases as well as observation of actual nursing procedures, are methods of teaching that might well be employed. By such a method of teaching and study a broader conception of the teaching of nursing may be established. It is well to recall here the opinion of our great American philosopher and educator, John Dewey, who believes that our learnings include three types—those relative to the learning of a given task, those relative to many learnings which develop out of the immediate learning, and the third type which constitutes ideals and attitudes acquired in the general process of learning a given task. If we accept this conception of education in the supervision of nursing practice, would not our students profit immeasurably by it? A choice of subject matter would be made in which the student would have a more selective type of work with a consequent broadening and deepening of knowledge. I dare say that we would rarely find the senior student who asserts that her work is uninteresting and irksome, nor the younger student whose tasks become monotonous and tiresome because of repeated performance which require little mentality or initiative. Let us try to hold to this broader conception of learning, planning the students' work accordingly; worrying less over non-essential details, thinking more of the possibilities of

growth a given task provides the student and developing, to a higher and better degree, attitudes and ideals which strengthen character.

It was pointed out previously that at the time a student was securing her nursing practice, she was responsible for the care of patients. Our aim in hospitals is to secure the best type of care for our patients. It might well be asked that if students receive such supervision as above outlined, would it result in as satisfactory service to the patient. One could scarcely believe that any other result would be the outcome, for if greater care is given in the assignment of work — fitting the duty to the student's preparation and needs; if systematic methods of teaching and study are required — assuredly a more thorough understanding of the patient will be known to the student and hence, all things being equal, the attendant service would be more satisfactory.

If we desired to carry out some such programme in supervision, what principals should be employed?

Re personnel:

1. Supervisors and head nurses should be appointed who have an interest in teaching, the necessary preparation for teaching which would include a knowledge of subject matter as well as methods, an experimental mind and a sympathetic understanding of students' problems and needs.

2. Head nurses would require considerable counsel and advice from their supervisors in planning their work. This is especially true if young graduates are appointed to such positions without further experience or education. Individual and group conferences could be used to great advantage. Encouragement for further study should be given.

Re the ward as a laboratory:

1. A well-equipped ward offers an excellent laboratory for teaching nursing practice if an acute and active service is offered.

2. In order to carry out such a proposed plan of supervision additional nursing service, through the appointment of a graduate staff and nursing assistants, would have to be secured in order to maintain the proper nursing care of patients, and to assist with the routine administration of the ward.

Re assignment and instruction of students:

1. As the theoretical course of study has been well planned and balanced, so the practice nursing should be systematically planned. The following schedule of hours of practice nursing as found in the case of one student might be duplicated over and over, although there may be variation in the services. In this case, the medical nursing practice was 1864 hours, and the surgical nursing practice 1872 hours, with surgical operating room 1680 hours. The overbalance of surgery is evident. In this case surgery was not a subject elected by the student.

2. If possible, nursing practice and theory of the subject should be given simultaneously; if this is impossible, practice should follow.

3. Each day's assignment in nursing practice should be carefully worked out dependent upon each student's needs and the opportunities afforded by the clinical material.

4. Systematic instruction by head nurses and supervisors should be carried out in the form of personal and group conferences, written reports of cases, clinics and quizzes, as well as personal observation of work.

5. Individual capacities of the students should be studied and opportunity afforded for the development of their native abilities.

6. Attention should be directed constantly to the attitudes and ideals of the student with emphasis upon the opportunities for character building.

Does not this newer conception of supervision hold a challenge for those of us who are entrusted with the education of student nurses? Ought we not attempt to improve our methods of ward teaching in order that the student may have greater educational benefit from her experience, and that through the patient the community may be better served?

National League of Nursing Education

The thirty-third annual convention of the National League of Nursing Education is being held from June 6-10 in San Francisco, California. It is expected that 700 nursing educators will attend: educators who represent an educational system embracing 60,000 student nurses.

It is planned to have the first returns from the nursing study being made under the committee on grading of nursing schools presented at the final session on June 10th. This report is expected to show whether the repeated shortage of nurses is real or if the scarcity is only in certain communities and the problem one of distribution. During the convention Dr. May Burgess, chairman of this committee, will outline in detail the programme now under way to grade approximately two thousand nursing schools in the United States.

And Its Leaves Were for the Healing of the Nations

By MARGARET K. FINLAYSON,
Brandon

Once in a lovely maiden's heart
Was born a wish divinely got,
That something of her life might grow
To heal this old world of its woe;
And in the mighty ebb and flow
Of life to take a noble part
And do some glorious thing, God wrought.

Soon did this budding wish declare
Itself in blossom yet more rare,
The perfume of a holy life
Spent amid scenes of toil and strife,
Its wondrous beauty, like a knife
Smote on the senses, leaving there
A yearning to be likewise fair.

And lo! the fruit, that crimson fruit,
Tho' life-sustaining, not high-priced,
The love so broad, divinely deep,
No task too hard, nor journey steep,
Nor chasm wide it could not leap!
This is its glory, branch and root,
Our Tree of Life, this, even Christ!

Ye maidens, called of God, to stand
With lamps well-trimmed and bright, apart,
As ministering angels wait
To light the wand'ring to the gate,
Or sweetly welcome precious freight;
Who heal the sick with kindly hand,
Have Mary's wish within your heart.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 38 Bishop St., Montreal, PQ.

Books at the Bedside

By David A. STEWART, B.A., M.D.
Medical Superintendent, Manitoba Sanatorium, Ninette

For he wold rather have at his beddes hed
Twenty books clothed in black and red,
Of Aristotil and his philosophie
Than robes rich, or fiddel, or psalterie

CHAUCER.

* * *

When there is no recreation or business for thee abroad, thou may'st have a company of honest old fellows in their leathern jackets in thy study, which will find thee excellent divertissement at home.

THOMAS FULLER.

* * *

Borrow therefore of those golden morning hours and bestow them on your book.

EARL OF BEDFORD.

* * *

Any lover of books knows that the bedside, or, as Chaucer will have it, the "beddes hed," is a most wonderful place for a small select coterie of friendly books. Tucked in and warm, the pillows soft and restful, the day's work at an end, its bustle and noise quieted, what more agreeable than to embark in a good book, out into a sea of fantasy, and reach ere long the desired haven of the land of dreams?

When the doctor's decree is, bed for a week, the second thought, and the solace, is the bedside books. If evil days of long-drawn-out illness should come, and the main businesses of life have to be laid aside, the man who has learned to be his own good company, who knows the quiet self-occupation and enjoyment to be found in books, will recover sooner and surer than the man in the next bed who knows no pleasure but noisy company activity, and can now only twirl his thumbs and watch the clock and the calendar.

Books can people the solitudes. For Bunyan in his cell or Raleigh in his Tower, the lone pioneer in mountain cabin, or the woman home-sick amid prairie wilds, or for the man or woman sentenced to bed, the very best of comradeship may always be summoned from out between covers of books.

A book can do even better than make a solitude into a peopled place. It can make a peopled place a solitude. To get away from distractions and commonplaces, from tiresome people and tiresome things, we have but to creep between the covers of a book and be solitary as hermit in cell. What idle people gossip and clack and twaddle about through long weary bookless days I cannot imagine, and may I never know.

A book is a magic carpet, always at command, that you may ride away upon to far places and to distant days. Almost any such magic carpet may cost less than the couple of gallons of gasolene that carries you only from hum-drum town to hum-drum town. What will you have for your money? Whither away?—Into the old Arabian Nights with Aladdin and his genii, or Sindbad and the Old Man of the Sea? Will you be carried to Camelot to joust with Lancelot or Galahad, and break a lance in a good cause? Or is it your pleasure to join the caravan of Marco Polo the Venetian, or step into the workshop of the fire-eating Benvenuto Cellini, or scour the seas with Anson for the golden galleons of Spain? Or would you rather gossip with Samuel Pepys or exchange repartee with ponderous Samuel Johnson? Here is a wide world to visit, and a wider world

waits. What will you have for your money? Whither away?

When I was much younger than I am, and much advised about reading, never imagining I would one day presume to question such advice, there was, I think, more said about what *not* to do with books than about what might be done with them. One great evil, a crime almost, was to go hurriedly or light-heartedly or enjoyingly through a book. Reading was a serious business. Every least fragment must be gathered and stored. The command might have been put tersely—"Thou shalt not skim; but shalt go steadily and soberly through from the very first word of the preface to the very last word of the appendix."

I am astonished at my own temerity, but yet make bold to say, "Do nothing of the sort." Few indeed are the books that deserve such reading. Some, it is true, deserve not only to be well chewed, as Bacon teaches, but to be ruminated upon, or re-chewed and re-digested as well. Others, fortunately, can be bolted almost whole and still nourish, and not kill.

It is an open secret, and admitted even by writers of books, that all books are made up of two constituents, Real Stuff and Padding. The feebler have very little real stuff, often scarcely a taste or smell; and the very big books have some real stuff in almost every page and paragraph. But even Homer nods. The humble cow wanders daily from tuft to tuft through ten acres of pasture; and most good readers become browsers also. Give a book the time it deserves, a moment's glance, an hour, a month, or a lifetime. Books are more than can be numbered; but life is short.

Another austere command was that books were not to be marked, even carefully. The philosophy of that day usually was that we should have our cake, not eat it. Now that command is wrong, and never began with a book lover. Certainly mark books —that is, your own books—and they will be then doubly your own. Don't slash them effusively: mark with judgment, sparingly. Another may some day pass that way. A man may be known by the marks in his books.

Your careful markings catch your eye again and again and deepen acquaintance into friendship, and friendship into devotion. Read books sometimes with your own special thread to string things upon. A physician, for instance, can find three hundred references in Pepys' Diary of special interest to the faculty, as many in Boswell's Johnson, and astonishing numbers in most unlikely places.

Still another command of that day, proper, perhaps, for children, though I doubt it, is that one book at a time is all that should be read. Why the restriction? Must I talk to one person only for a whole week? Why not turn from book to book as from person to person, from grave to gay, from profound or purposive, to general or excursive? Why not have an assorted party of a half-dozen at a time to choose among, even then with old favorites besides to turn to, especially at bed-time.

We should be jealous, even suspicious, of rules and regulations and commands and advice about books. And do not force the best book you ever read upon the dearest friend you ever had. Your every longing for today may have just been satisfied by excellent beefsteak, while he, poor man, at this very moment may have stomach only for a vanilla ice.

Beyond reading itself and the pleasure of it, there is the hobby, even more fascinating, perhaps, of collecting books. When you have read a book, and a mutual friendship has grown up between you two, give it house room, a place at the fireside. Let it live with you. If you have just the books you have read, or are reading, or hope to read next week, you haven't a library at all. You should have books upon books, books

beyond books, books to look at, books to browse among, books to handle, books to refer to, even once in a long time, but rarely, a book to lend. Your own book is better than your neighbour's book. Don't depend on borrowed books any more than you would on borrowed clothing. A waterproof or an umbrella once in a while may be borrowed with comparative decency, but beyond and beneath these, clothe yourself!

You should have at least a few old books, first editions perhaps, not unlikely a little musty, but leather-covered old fellows anyway. You will come to like the feel of them, even the smell of them. And they do not all cost what the newspapers may report some American fortune has paid for some rare volume.

Books are friendly. Mid pleasures and palaces no place is home where there are no books. There should be shelves and shelves of them, all around the room. There is nothing so decorative. But not behind glass, nor locked in abominable factory-made cabinet cases. He who would have friends must show himself friendly. What is a trifle of dust between friends? Have them right out in the open, so that they can catch the eye and tempt the enquiring finger. A few may be new, but for the most part have them seasoned books, ripe.

Reading may be the delight of childhood, the teaching of youth, the stimulus of mid-age, and the solace of declining years. In the hours of the gray evening, when the long day's work has been done, and until the lights all fade in the west, and the dark comes, what comfort, solace, occupation, companionship is there such as may be found in books? It is for one, who in earlier years has prepared such a refuge for age, that—

"The best is yet to be
The last of life for which the first was made."

Books can carry heavy hearts out of present troubles to past joys. They can bring us to the time for sleep with peaceful and quiet meditations.

(The Journal of The Out-Door Life, January, 1927.)

Book Reviews

The Principles of Chemistry and Their Application, by Eleanor Hamilton Bartlett, A.B., M.A., and Katherine Ink, R.N., B.S. The Macmillan Company of Canada; price $3.75.

The introductory chapter splendidly outlines the uses of this book in language not over the heads of students. It clearly defines the value of chemistry to a nurse. Chapters 2, 3, 4 and 5 might prove dry reading to a beginner, but the experiments therein will prove most fascinating. The study of water comes next. The material on this subject should solve many of our every-day problems and furnish a better understanding of the human body and its complications, and the change going on about us. Nitrogen and its complete cycle, air with its variable components contain excellent lessons for hospital workers. The historic sketches given in chapters 4, 6 and 7 are enlightening as well as interesting. This text book should prove a valuable adjunct to the study of bacteriology, hygiene, sanitation, materia medica and, most important of all, dieteties. The summary, questions and experiments at the conclusion of each chapter are valuable tests as to how much has been understood and obtained from a study of the book.

—CHRISTINA MACLEOD.

Obstetrics for Nurses, by Joseph B. De Lee, A.M., M.D.; new eighth edition, price $3.00. Messrs W. B. Saunders Company, London and Philadelphia. Canadian agents, McAinsh & Co., Limited, Toronto.

The following countries have a committee or an organization on nursing education: Canada, China, Denmark, Finland, France, Holland, Norway, the United States of America and South Africa.

Those with a committee or organization on public health nursing are: Canada, Denmark, France, Holland, Norway, the United States of America, and South Africa. (The I.C.N. Vol. I, No. 4.)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
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Why a Budget?

By KATHLEEN SNOWDON, Thrift Adviser, T. Eaton Co., Toronto

This is a much discussed question in these days when the pressure of modern life is so great. The budget is holding its own and proving a real boon to a countless number of people, but there are still those who have never "budgetted" and who look on it as limiting the person who makes it; as something designed to take all the joy and spontaneity out of life. They are often heard to say, "I am not spending more than my income, and I don't intend to be limited by a complicated budget and system of accounts." Just here comes the question, "Are you satisfied with what your income has secured for you?" If so, the budget is not necessary. If *not*, then remember that the budget is made for you, and you are not sacrificed to it. Actually, the income is limiting the family or the individual and not the budget. It simply represents the deliberate decision in advance as to what things are most worth while, and with this decision made the money can then be spent freely and with satisfaction.

Economy is also apt to have a rather unpleasant sound, because to some people it means going without the things they want. It seems a pity that the negative aspect should always be so prominent, because when we stop to think about it the portion of the income spent in clothing, food, amusement, etc., can be just as economically used as that saved if we are wise in the distribution of our money resources.

Someone has said that your income is like an island, a dry spot entirely surrounded by water, and that you cannot, until you move to a different island, achieve any more area than is on that dry spot. It is a case of wisely diversified farming, which we have learned to appreciate as the only safe *farming*. One field must yield food, another clothing, etc., and the dimensions of these fields will be different.

Haphazard, thoughtless spending is certain to deprive us of much that the same income well administered would provide.

For the trained nurse, faced with the irregular income which is always the biggest problem and causes so much worry, the following suggestions may be of value. Consult a budget adviser if there is one available, and have your income planned carefully to include all expenditures, as far as they may be forecasted, and also the inevitable "emergency." This should be done on the basis of the *sure* income of other years. Then divide this up by the month or week and deposit all income as it is earned in a special current account, withdrawing the "salary" regularly. Deposit the savings which you have decided upon in a savings account; take what is necessary in cash for use and deposit the balance in another current account. The three accounts may seem troublesome, but the irregular income is always difficult to handle. The strong-minded person could combine the savings and one current account, watching the withdrawals carefully!

Now comes the much discussed question of account-keeping in connection with the budget. The purpose of this is not to add another

burden to the already overworked individual, but rather to free her mind from worry and uncertainty as far as possible. It is rather a waste of time to budget and keep accounts unless they are classified and studied with the idea of improving the use of money. The business man looks to his books to see whether he is making or losing money, and if you keep accounts you can in the same way learn how more money might be saved or why you had to borrow last summer for your holiday money. *Classified* expenditure for any given period under several different headings helps you to know the sum total spent for "Food," "Clothing," "Operating" and so on. A loose leaf book with a page for each item, together with the monthly checking up and comparison with suggested amounts at regular intervals, will keep you straight. A little "day book" for your shopping bag is a great help to the memory, and items may be transferred to the loose leaf book.

It takes courage to face one's financial situation, and resolution to adhere to a regular system of expenditure, but a budget is a real help and strikes at the root of the trouble. It is simply falling in line with the present day cry of *"prevention"* which prevails in medical fields, public health activities, etc. In the words of a well-known budget expert, "Don't ask your money where it went, but tell it where it's going."

Nurses the Backbone of Public Health

"The well-trained nurse is the backbone of public health," said Dr. F. W. Routley, director of the Ontario Division of the Canadian Red Cross Society, recently when addressing the Women's Canadian Club in London. "She is the link between the scientific processes of public health measures and the public that has to use them." He then told of the public health nursing courses which are now established in six Canadian Universities through the efforts of the Canadian Red Cross; of the institution of travelling tuberculosis clinics; of the nation-wide instruction in Home Nursing Classes through which, in the past four years, over 11,000 women have received this valuable training, and he expressed the opinion that in a few years' time this study would be added to the ordinary school curriculum for girls. In speaking of the Outpost Hospitals, so many of which are now being operated by the Red Cross throughout the frontier portions of the Dominion, Dr. Routley paid tribute to the magnificent services of the nurses in these institutions, and referred to the need for health education of school children through the Junior Red Cross or other agency because "the production of a health conscience in every child in Canada would go a long way toward wiping out the worst of our preventable diseases."

Dr. Routley, a few days later, when called into conference with the Medical Survey Committee of the Women's Institutes of Ontario, at the Parliament Buildings in Toronto, said that in his opinion an adequate nursing service was the best solution of the health and welfare problems which are presented not only in New Ontario, but in many older parts of the country, and he told how the Outpost Hospitals of Canada in the last three and a half years had reached 4,000 women in shacks and cared for over 6,000 patients.

His suggestion regarding the most effective means of providing the necessary care of the health of the people in remote rural sections was that wherever possible there should be a small health centre such as the Outpost Hospitals, with a nurse in charge and at least one helper. It might be opened in any available building, and might only contain two beds, as did many of the frontier outposts

already in existence, but it could do a great work, for besides her work of healing in the hospital, the nurse in charge could give expert pre-natal, natal and post-natal advice to mothers, could extend to parents the information so many of them so badly need regarding food and diet; and could help in other ways to ward off preventable illnesses.

"The nursing service should never be confined to hospitals," said Dr. Routley in conclusion. "It ought to permeate the whole community, and if it be at all possible such small emergency hospitals or health centres ought to exist in every settlement so that the necessary health education might be within reach of all our people."

Sanitary Measures Re Nurses' Swimming Pool

It has been discovered on more than one occasion that where nurses have access to a swimming pool there is an incidence of nose, throat and ear conditions, which can be apparently traced to this source. Nose and throat physicians practising at the seashore and other places near the water are constantly confronted with infections that arise from this source.

Sometimes the cause of this condition appears to be purely traumatic. On the other hand, unless attention is given to the proper sterilization of the water contained in the pool, it is reasonable to expect that the difficulties mentioned above may have an infectious origin.

The usual method of purifying this water is by chemical sterilization, chlorin being the agent employed. To be sure, if chemical means are not at hand, frequent emptying of the pool, and the thorough scrubbing of its walls and floor with soap and water should be a satisfactory solution.

The amount of chlorin employed is usually one part per million. There is one disadvantage in the use of chlorin, and that is the irritation of the eyes arising from contact with the gas, particularly when the atmosphere of the room becomes heated. Copper sulphate—two parts to the million—is also sometimes used for this purpose. In some places ozone or the ultraviolet rays are employed.

The customary rules in regard to the preliminary use of a shower, with soap and water, before entering the water, should be enforced.

Sometimes, in the interest of economy, the same water may be refiltered and returned to the pool for further use. It is not a bad procedure from time to time to secure samples of the water from a swimming pool for bacteriologic examination, the presence of colon or other pathologic bacilli indicating that the proper purification methods have not been adopted. The application of chemicals to the water is often done by an automatic apparatus, supplying a certain amount of chemicals per measured volume of water.

Success in maintaining proper sanitation in the use of the swimming pool and the prevention of infectious conditions arising from its use, are largely determined by the constant supervision of some one person to whom this duty is assigned.

(The Modern Hospital, April, 1927.)

A Refresher Course

A short Refresher Course for Public Health Nurses was held during Easter week at the University of British Columbia. The course was given under the joint auspices of the Department of Nursing and Health and the Provincial Board of Health, and the sessions were in charge of Dr. H. E. Young, Provincial Health Officer, and Miss Mabel F. Gray, Assistant Professor of Nursing. Members of the Provincial Public Health Nursing Staff from all parts of the province were in attendance as well as many other public health nurses, making a total enrolment of sixty.

Mrs. Elizabeth Soule, of the University of Washington, and Miss Ruby M. Simpson, of the Saskatchewan Department of Education, were visiting speakers who added much to the interest and value of the programme. Addresses of great interest and of very practical value bearing upon problems of maternal and infant welfare, upon infectious and certain organic diseases, and upon immunity, were given by Doctors Burnett, Carder, Hill and Strong. Different phases of medical service and health teaching in the schools were dealt with by Dr. H. White, Mrs. J. Benson Wyman and Miss Ruby M. Simpson. Mrs. Soule dealt with many of the problems of Rural Public Health Nursing; and at a Round Table Conference specific rural nursing problems were presented for discussion by Mrs. Lucas and Misses Garrood, Hewertson, Charlton and Armstrong—all members of the Provincial Health Nursing Staff.

An interesting Poster Exhibit, the work of children of the rural public schools, arranged by Miss I. Jeffares, of the Cowichan Health Centre, demonstrated the interest and excellent work of both nurses and teachers in the rural schools.

A visit to the new Contagious Diseases Department of the Vancouver General Hospital, with refreshments served in the Nurses' Home, when the Vancouver Graduate Nurses Association assisted as joint hostesses, were much enjoyed; and a launch trip for the visiting nurses brought the session to a pleasant close.

To a Graduate Nurse of the Hospital for Sick Children Toronto

By MARGARET BROOKSBANK

Three years of toil and stress are at an end;
For with warm heart and willing hand you came,
With purpose high to reach a lofty aim,
The ills and wounds of little ones to tend;
Making brief pause awhile, down low to bend,
To reach the ears of some you called by name,
Who lost their troubles in some childish game,
And, smiling, knew you as their loving friend.

And now you have the coveted reward:
You stand enrolled amidst a noble band,
Whose kindly deeds obliterate the brand
That Cain bequeathed. You follow Him, our Lord,
Who bade His servant put away his sword,
And healed His foeman's ear with His own hand.

News Notes

ALBERTA

CALGARY

On Tuesday, May 10th, the graduation exercises of the Calgary General Hospital were held in Al Azhur Temple, when twenty-seven members of the senior class received their diplomas. Dr. A. W. Park addressed the graduating class, Dr. J. V. Follet presented the diplomas, and the Rev. G. W. Kirby administered the Nightingale Pledge. Medals and awards to those standing highest in the class were presented by the mayor, the contest for first place being a keen one. Miss Grace Marchand was awarded the gold medal presented by the City of Calgary for general proficiency, the silver medal going to Miss Violet Watts. Miss Marjorie Fleming received a scholarship of $200, also for general proficiency, to be applied to a post graduate course in nursing. The special award presented by Dr. R. B. Deane to the nurse winning the highest marks in orthopaedic surgery went to Miss Amy McSkimming. The nurses who received their diplomas were: Eleanor Margaret Marrs, Evelyn Anetta Carr, Grace A. Marchand, Lillian Eleanor Jenkins, Annie Olive McDonald, Margaret Amy McSkimming, Stella Lydia Sanden, Marion Acton Cousins, Margaret Victoria Shield, Virginia Hoople, Jean Allison Flieger, Mary T. Hay, Mary Isabelle I. Doherty, Marjorie Violet Watts, Dorothy Louise Dufour, Phyllis Alvira Blake, Gladys Roberta Kelly, Marjory Flemming, Charlotte Lambert Maberly, Mary McInall, Fanny Ruth Gibson, Kathleen Esther Bowers, Mary Agnes Hughes, Lucy Armine Wilson, Kathleen Doris Holmes, Marjorie Dorothea Houghton, Helen Louise Bellamy. Musical selections were contributed by Mrs. Earl Braithwaite, Mr. Isidor Jaffe, Mr. George Bell, and Madame Beatrice Chapman. Following the formal programme refreshments were served in the supper room, after which the nurses entertained their friends at a dance.

During her twenty-four hour stay in Calgary Lady Willingdon paid visits to the Junior Red Cross Hospital, the Victorian Order of Nurses and the Gyro Club Clinic.

Members of the Calgary Association of Graduate Nurses who attended the refresher course at Edmonton during the first week in May were the Misses Towel, Kelly, H. Ash, Dewar, Mills and Brown.

Miss E. May, graduate of Jeffery Hale's Hospital, Quebec, has been appointed matron of the Municipal Hospital, at Olds, Alta.

Miss Hall, assistant superintendent of the Victorian Order of Nurses, made her semi-annual inspection tour recently. While in Calgary Miss Hall gave a lantern slide lecture in the board room at the General Hospital.

EDMONTON

The regular meeting of the Graduate Nurses Association was held at the home of Mrs. C. G. Chinneck in the form of a social evening and was well attended. Miss Hall, assistant superintendent of the Victorian Order of Nurses for Canada, was the guest of honour.

Miss B. Emerson left for the southern part of the province on April 30th to begin the usual itinerary clinics, consisting chiefly of home nursing and baby clinics, under the auspices of the Women's Institute. This work is very much appreciated by people in outlying districts and will be more extensive this year, covering southern and northern Alberta.

Royal Alexandra Hospital

The graduating exercises of the 1927 class were made unique from the fact that they were held in conjunction with the celebrations in honour of the centenary of the birth of the founder of modern surgery—Lord Lister. It was quite fitting that Dr. E. A. Braithwaite, one of Edmonton's pioneers and a pupil of Lord Lister's in King's College, London, should deliver the important address of the afternoon, i.e. to the graduating class of which there were twenty-three members. The Lord Bishop of Edmonton adminstered the Florence Nightingale Pledge. His Honour, the Lieutenant-Governor of Alberta, presented the badges and diplomas, while the medals and prizes were presented by His Worship the Mayor—Winners of these were as follows:—Gold medal for the highest average in theory, Miss Monica English; silver medal for the second highest average in theory, Miss Lilian Capsey; first prize for general proficiency, Miss Gertrude Allyn; second prize for general proficiency, Miss Bertha Mahaffey; prize for nursing in surgical diseases, Miss Clara Gottschlich; prize for nursing in medical diseases, Miss Monica English.

Numerous social functions were held in honour of the graduating class during the month previous to the exercises. One of the most important was a banquet given in the Palm Room of the Macdonald Hotel by the Alumnae Association. It was quite an event in the history of this infant Alumnae and showed real progress that at such an early date it had been able to take its place in performing at least such a pleasant duty.

Miss Hazel Stuckey, 1921, has been appointed to the superintendency of the Lloydminster Municipal Hospital, Lloydminster, Sask.

The Alumnae Association of the Royal Alexandra Hospital entertained the graduating class of 1927 at a banquet in the Palm Room at the Macdonald Hotel on Friday, March 18th. The room was prettily decorated in the school colours and a short programme was enjoyed by everyone.

BRITISH COLUMBIA

The fifteenth annual meeting of the British Columbia Graduate Nurses Association was held on April 18th and 19th at the Empress Hotel, Victoria, the president, Mrs. M. E. Johnson, in the chair. The routine annual reports were received. That of the inspector of training schools showed an increase in the number of nurses but no new training schools formed. The Nursing Education Section (Miss K. W. Ellis, chairman) reported as follows:—

"During the year five meetings of the section have been held; as a result several recommendations have been forwarded to and accepted by the council and association: The change of marks required of candidates for the certificates of R.N. and re-adjustment of grouping of subjects. A form for candidates applying to write for the certificate of R.N. prior to the completion of their training. Lesson plans in bacteriology have been approved and printed and those in nursing ethics and history of nursing are now under consideration. New type examination questions have been prepared in bacteriology and a copy forwarded to the various training schools for trial; as yet only an interim report of the results has been received. A form for use as a permanent record of educational qualifications of applicants to training schools is now under consideration.

* * * * *

"A further recommendation resulted from this afternoon meeting, viz., that in view of the frequent necessity of secretarial and other work being undertaken by the section, the expense of which has not previously been provided for, members desire to recommend to the association that an appropriation of $100.00 be allowed the Nursing Education Section to cover the expenses of its activities during the coming year.

It was decided to circularize all hospitals in this province in an endeavour to get in touch with all those interested in nursing education."

Reports were also received from the Public Health and Private Duty Sections. Miss M. Ewart, for the past four years secretary of the Public Health Section, resigned, and Miss E. V. Cameron was appointed to succeed her. At the close of the meeting funds were voted for the use of each section. Interesting papers were given as follows:—Some Aspects of Nursing Education: Miss Ruby Simpson, Director of Child Hygiene, Dept of Education, Saskatchewan; Toxoid: H. W. Hill, M.D., University of British Columbia, Vancouver; Social and Mental Hygiene: Rev. H. J. Archibald, Victoria.

The closing event was a well-attended dinner arranged by the Victoria Graduate Nurses Association. Musical numbers were given by Miss Margaret Griffin, accompanied by Miss Hilda Murray, and by the Misses F. and A. Partridge. Community singing was also enjoyed. Mrs. M. E. Johnson, retiring president, expressed the appreciation of the visiting association to the Victoria G.N.A. for hospitality extended. Miss Morrison, president V.G.N.A., replied.

The degree of Bachelor of Applied Science (Nursing) from the University of British Columbia was conferred at Congregation, May 12, 1927, upon: Nora Louise Higgs, Emily Frances Lyne, Dorothy Geraldine Olmstead, Ruby Rhoda Reilly, and Elizabeth Ersman Stoddart.

Certificates in Public Health Nursing have been granted by the University of British Columbia to: Florence M. Erickson, Mary E. Grierson, S. Jean Leveson, Pauline Metashanko, Elsie E. Reid, Mary T. Shand, and Kathleen I. Snowden.

VANCOUVER

The monthly meeting of the Vancouver Graduate Nurses Association was held at the new Nurses' Home of the Vancouver General Hospital on May 11th. The speaker of the evening being absent on account of sickness Miss Bertha Hall, assistant superintendent and western supervisor of the Victorian Order of Nurses, kindly consented to take his place, and gave a most interesting account of some branches of the work of the V.O.N. throughout Canada, illustrated by excellent slides. The meeting then adjourned to the rotunda, where refreshments were provided.

MANITOBA

BRANDON

Friends of Miss S. Haddock, Brandon General Hospital, 1912, who has been a missionary in China for ten years, will be pleased to hear of her safe return to Canada. Miss Haddock is living at Prince Rupert, B.C., at present.

On May 4th the Brandon Graduate Nurses Association held their annual dinner at the Prince Edward Hotel, the

honour guests being the graduating class, 1927, of the Brandon General Hospital. Mrs. A. V. Miller, acting president of the association, presided. Reports for the year were most gratifying; the chief activity had been the purchase of a violet-ray lamp, which is now installed in the hospital. The election of officers completed the business session, after which dancing was indulged in. In her address as acting president Mrs. Miller urged the nurses to take an active part in the work of the association, bringing to it their ideas and ideals. In an impressive address Mrs. Kilgour mentioned the menace of materialism, and Mrs. Robert Darrach, prior to moving a vote of thanks to the retiring executive, briefly reviewed outstanding events in the nursing profession in Canada since confederation.

Miss Martha Hearn has accepted a position with the Hudson's Bay Company, Winnipeg, as industrial nurse.

Miss C. Lynch, formerly of Winnipeg General Hospital supervision staff, has been appointed superintendent of nurses at the Brandon Mental Hospital.

Miss Margaret Hewson, Brandon General Hospital, 1911, who has had a protracted illness, is the guest of Mrs. J. Maguire, 342—14th St., Brandon.

NEW BRUNSWICK

SAINT JOHN

General Public Hospital

Miss Sara L. Tedlie, 1926, has accepted the position of junior anaesthetist, rendered vacant by the resignation of Miss Rhoda Keith.

Miss Doris Robinson, 1926, is at home on sick leave. Her position on the staff is being filled by Miss Frances Daye, 1927.

Friends are wishing Miss Leila Cummings a pleasant stay while in England.

Miss Marjorie Matchett, 1920, is spending her vacation in Saint John.

Miss Hazel Evans has resigned from the position of nurse-in-charge of the operating room. Miss Somerville has succeeded her.

Miss Rhoda MacGregor Keith, 1924, was presented with a beautiful silver tea service by her associates in the hospital previous to her marriage, May 4th, to Dr. Frank Stephenson, of Saint John.

NOVA SCOTIA

The regular quarterly executive meeting of the N.S.R.N.A. was held at the Dalhousie Public Health Clinic, Halifax, N.S., on April 28th, Miss Campbell, president, presiding. Miss Watson, Supt. of Nurses, Yarmouth Hospital and Convener of Nursing Education Committee, gave an interesting report on the activities of that committee. It was decided to hold the annual meeting in Halifax about the end of August. Much routine business was disposed of and at the close of the meeting tea was served by Miss Fenton, Supt. of Nurses, Dalhousie Public Health Clinic.

At the last meeting of the Halifax Local Branch of the N.S.R.N.A. Dr. John Stewart, F.R.C.S., gave a most interesting talk on the life and work of Lord Lister. Dr. Stewart is the last remaining member of Lord Lister's house staff.

At the annual meeting of the Cape Breton Branch of the N.S.R.N.A. held last month, the following officers were elected: — President, Miss Beatrice Andrews; vice-president, Miss Katherine MacKinnon; treasurer, Miss K. L. MacDonald; secretary, Miss Agnes Cox.

The new training school of the Western King's County Memorial Hospital, Berwick, N.S., held its first graduation exercises recently, five graduates received their diplomas.

Miss Mary Durham Owen, who completed the three years' course of training at the Children's Hospital, Halifax, N.S., received the diploma of the school on April 29th in the presence of her parents and friends. The Florence Nightingale Pledge was administrated by Miss Carson, Supt. of Nurses, and the diploma was presented by Mr. O. E. Smith, president of the Children's Hospital Board of Governors. Miss Owen received many beautiful flowers and was entertained at dinner by the hospital staff on the night of her graduation.

Miss M. Campbell, Supt. of Nurses, V.O.N., Halifax, has been acting Eastern District Supervisor for the last two months. Miss Campbell expects to return to Halifax about the last of May. During her absence, Miss Hall, of the V.O.N. staff, has been acting as local superintendent.

Miss S. A. Archard, of the V.G.H. nursing staff, has returned to the city after an extended leave of absence spent principally in Montreal and Quebec. Miss Archard resumed her duties at the V.G.H. on May 8th.

Miss Florence MacInnes, R.N., vice-president, N.S.R.N.A., has accepted the position of Supt. of Nurses at the Nova Scotia Sanatorium, Kentville, N.S. Miss Jean Campbell, former Supt. of Nurses, is quite ill and a patient at that institution.

ONTARIO

BRANTFORD

A meeting of the Alumnae Association of the Brantford General Hospital was held in the Nurses' Residence on the evening of May 3rd. The meeting was of a business nature, plans for the entertaining of the graduating class at a dinner and dance being made. The in-

vitation from the Local Council of Women to become affiliated with their organization was accepted and Mrs. A. Matthews appointed as representative for the association.

A very interesting and impressive ceremony took place recently in the residence of the Brantford General Hospital School for Nurses, when the Maude Macdonald Chapter of the Imperial Order of the Daughters of the Empire presented the school with two pictures, one a portrait of Katherine Maude Macdonald for whom the chapter was named. Miss Macdonald was a graduate from Victoria Hospital, London, Ontario, a resident of Brantford. She was attached to the First Canadian Hospital at Etaples and was killed during a German air raid May 19th, 1918. The other picture was a handsome and rare steel engraving of Florence Nightingale at Scutari.

The Brantford General Hospital School for Nurses, appreciates this recognition by the Chapter of the work of the school.

HAMILTON

District Number 4, Registered Nurses Association of Ontario, held an interesting meeting in the lecture room of the Senior Nurses' Residence, Hamilton General Hospital, on Saturday, April 30th, with Miss Buckbee presiding. The meeting was well attended, with many present from Niagara Falls, St. Catharines, Welland, Dundas, etc., in addition to local members.

At 2 p.m. Dr. Deadman, city pathologist at the General Hospital, gave a lecture (in language not too technical to be appreciated) on Immunology of Scarlet Fever and Diphtheria, which indicated an advance in the conquering of these diseases which was a revelation to nurses who are not closely in touch with public health work, and which was most interesting to all present.

Following Dr. Deadman's lecture six ten-minute addresses on nursing procedure were ably delivered by members of the nursing staff of the Hamilton General Hospital under the following headings:

1. Administration of Sera and Vaccines —by Miss McNat, Supervisor Communicable Diseases Dept.
2. A Lesson on the Pancreas—by Miss Brewster, Instructor.
3. The Diabetic Diet—by Miss Hopper, Dietitian.
4. Practical Tests—by Miss Souter, Supervisor Men's Medical Dept.
5. Infant Feeding—by Miss Beeman, Supervisor Sick Children's Wing.
6. Pre- and Post-Operative Care of Gastro-Enterostomy—by Miss Inrig, Supervisor Men's Surgical Dept.

At this juncture, Miss Wright, Superintendent of Nurses, St. Catharines General Hospital, and vice-chairman of District No 4, was welcomed by the chairman and introduced to the meeting. Miss Wright then occupied the chair while Miss Buckbee read the report of the executive committee on the subject of insurance or superannuation for nurses. Considerable discussion was followed by the adoption of a resolution which was forwarded for presentation to the provincial meeting held in St. Catharines, in May.

The meeting then adjourned till six o'clock, and the visiting nurses were shown through the hospital, while members of the various committees discussed business.

The staff of the General Hospital entertained at high tea in the nurses' dining room, where the tables were decorated with daffodils and sweet peas. Miss Emory, president of the R.N.A.O., spoke on Loyalty to our Nursing Organizations, showing that membership in a district organization meant belonging, automatically, to the provincial and also to the national organization. Miss Emory gave a brief resume of accomplishments of the R.N.A.O., culminating in registration. She gave reasons for belonging to the organization, and stressed the importance of attending the convention to be held in St. Catharines, May 25-28.

At the evening session, Miss Goodman, Organizer of Red Cross Home Nursing Classes in Toronto, gave a brief but very enthusiastic address, outlining the results in Canada of the Peace Programme of the Red Cross Society, and particularly emphasizing the need of home nursing classes for people in all stations in life.

After a brief business meeting, during which gratifying reports were heard from Miss Moran, sec.-treas.; Miss McIntosh, convener of finance committee; Miss Sabine, convener of membership committee; and Miss Sutherland, convener of programme committee; a very carefully prepared address on Radiology, illustrated, was given by Dr. Walkey, radiologist at the General Hospital.

A hearty vote of thanks was offered to Miss Rayside and all the staff of the General Hospital, to whom a large part of the success of the undertaking was due.

Hamilton General Hospital

The Misses Annie Currie and Grace Whitfield left Hamilton on April 2nd to take positions in Cleveland, Ohio.

Miss Mary Mackay, 1925, has been a patient at the Hamilton Mountain Sanatorium for the past month, and Mrs. Whittle is ill at the General Hospital.

Miss Ora Myles has accepted a position in the Women's Hospital, Detroit, Mich.

Miss Helen Hamilton has gone to the New Liskeard Red Cross Hospital.

The Alumnae Association are starting a Mutual Benefit Association. Miss Lila Hack has been appointed treasurer.

KINGSTON

Kingston General Hospital

The regular meeting of the Nurses Alumnae was held on May 4th. The Alumnae were quite successful with their annual Violet Day, when over six hundred dollars were collected. Plans were made for entertaining the thirty-seven nurses of the graduating class 1927 at a dinner on May 9th. The exercises took place at Grant Hall, Thursday evening, May 12th, and the next evening a dance took place at the hall.

The corner stone of the new Home for Nurses was laid the afternoon of May 12th.

Miss Gladys McMahon, 1926, is doing operating room duty at the Flower Hospital, New York.

Miss Georgina Atcheson, 1926, and Miss McLeod, 1926, are taking post graduate work at the Manhattan Eye, Ear and Throat Hospital, New York.

Miss Marion Eady, 1925, is leaving for Paris, France, where she will remain for some time.

Miss Betty Runnett, 1920, is doing private duty nursing at Belleville, Ont.

Miss Muriel Toland, 1926, who was operated on recently at the Kingston General Hospital, is improving.

Mrs. Edward Doran (nee Isabel Atkins) was entertained at a bridge and shower while visiting her former home last week. Mr. and Mrs. Doran will reside in Toronto.

TORONTO

Grace Hospital

The annual meeting of Grace Hospital Alumnae Association was held April 12th, 1927, at the Nurses' Residence, the president, Mrs. Gray, in the chair. The following officers were elected: Hon. president, Mrs. C. J. Currie; president, Mrs. John Gray; vice-president, Miss Jessie Goodman; recording secretary, Miss Bell; corresponding secretary, Miss Hendricks; treasurer, Miss Ruth Garrow; executive—Misses G. Rowan, De Vellin, Alma Reid, Victoria Hill, Mrs. Bristow.

The secretary reported that eight regular and three social meetings had been held. The programme committee planned three most interesting lectures given by Dr. Angus MacKay on Immunization, Miss Ethel Cryderman (T.G.H.) on Mothercraft, and Miss De Steller on Nursing in Foreign Countries. Dr. Wales is scheduled for a talk on Thyroid Treatment for the June meeting.

The social activities for the year were under the capable management of Miss Amelia Perry and included a bridge at the Nurses' Residence, a most successful dance at Parkdale Canoe Club in honour of the graduating class of 1927, and a bridge held at Sherbourne House Club to entertain the Toronto Western Hospital Alumnae Association.

At Christmas the annual donation to the Neighbourhood Workers' Association for dinner baskets was doubled. The flower and sick visiting committees were most prompt in their kindness and sympathy to sick and bereaved nurses.

Miss Rowan presented the report of the committee on the fund to furnish a room at the new Edith Cavell Residence, Toronto Western Hospital. The committee, with Miss Rowan as convener, consisting of the following nurses, Mrs. Gray, Miss C. De Vellin, Miss F. Emory and Miss J. L. Goodman, made an effort to reach all nurses who had graduated from Grace Hospital. Altogether one hundred and thirty contributed, and the amount received was $491.25, and was expended as follows: Towards furnishing two rooms at Edith Cavell Residence, defraying half the cost of the Memorial Tablet which was unveiled at the opening, cost of wreath placed on tablet and share of programmes, also two cheques to the Students' Book Department, University of Toronto, for the use of the nurse who had been awarded the scholarship for the course in Public Health Nursing, these books to remain the property of the hospital.

Miss Florence Emory and Miss J. L. Goodman attended district meeting No. 4 of the R.N.A.O., held at Hamilton General Hospital, Saturday, April 30th. Miss Emory addressed the largely represented assembly on The Graduate Nurse's Responsibility to the R.N.A.O., and Miss Goodman depicted the different phases of Nursing Service undertaken by the Canadian Red Cross Society.

St. John's Hospital

The Alumnae held a bridge party at the Nurses' Residence on April 21st. Under Miss Morgan's capable management it was a great success, both socially and financially.

Miss Ramsden and Miss Holdsworth, who have been spending some months in Nassau, Bahamas, are expected to return to Toronto shortly.

Hospital for Sick Children

A very delightful party was held by the Alumnae of the Hospital for Sick Children at the Nurses' Residence on Monday, May 2nd, the occasion being the drawing of the lucky numbers for the Hope Chest, by which the Alumnae have been raising money for their varied activities. There was great applause when the president, Mrs. Langford, announced that the objec-

tive, namely, one thousand dollars, had been reached. Dr. and Mrs. D. E. Robertson drew the lucky numbers, eighteen in all, amid great merriment, and the contents of the beautiful Hope Chest to which every class in the H.S.C. Alumnae and training school had contributed were presented to the lucky recipients. A very delightful musical programme was presented by several visiting artists and heartily enjoyed by all. This gathering brought the winter meetings of the Alumnae to a close, and as one of the members said in proposing a vote of thanks, each meeting during the year had seemed more enjoyable than the one before. The Alumnae are now looking forward to their Reunion Dinner, which is to be attended by Miss Potts, the former superintendent of the hospital, Miss Kinder, Miss Edgar, Miss Andrews, and many graduates of the hospital.

Miss Mabel St. John, 1920, is to be nurse-in-charge of Lakeside this summer. Miss D. A. Fisher, 1922, will be night supervisor. Miss Elizabeth Ambler, 1922, will be in charge of the boys' surgical, and Miss Kathleen Crosby, 1925, in charge of the girls' surgical ward. Miss Irene Jamieson, 1925, and Miss Sarah Oliver, 1925, will be on day and night duty, respectively, in the Heather Club Pavilion.

Miss Dorothy Priestly, 1926, has been appointed supervisor of the children's dept., the University Hospital, Edmonton.

Miss Eva Williams, 1924, has taken a position in charge of the first floor and children's dept., General Hospital, St. Catharines.

Miss Marguerite Foy, 1923, is supervisor of the infant floor, Children's Memorial Hospital, Detroit, and Miss Ethel Fycke, 1923, has taken a position in the Children's Memorial Hospital, Detroit.

Toronto General Hospital

Mrs. C. E. Rodgers (Helen Ikey, 1922), of Kirkland Lake, Ont.; Mrs. Smithers (Evelyn N. Lewis, 1923), of New York, and Miss Olive McNee, 1922, of Cleveland, Ohio, were visiting in Toronto lately.

Miss Edna Johnston and Miss Grace Gawley, 1922, are doing special duty in New York.

Miss Charlotte Gardner, 1922, and Miss Josephine Dickie, 1923, who have been nursing in New York, are leaving on May 20th to spend the summer abroad.

Her many friends will be delighted to hear that Miss S. Aubin, who has been seriously ill in the P.P.P., Toronto General Hospital, is making a satisfactory convalescence.

District No. 5 of the Registered Nurses Association of Ontario held its first two-session meeting in Toronto on Saturday, April 30th. The afternoon was devoted to round tables of the three sections, with a total attendance of 125, after which a buffet supper was served. In the evening a general and business session was held, when the 225 members present were addressed by Miss Mary Beard, of the Division of Studies, of the Rockefeller Foundation.

WINDSOR

The Ladies' Aid and Nurses' Alumnae Association of the Hotel Dieu Hospital held a very successful card party on April 28th in the reception room of the hospital, when about 225 guests were received by Mrs. Panet, Mrs. Baby, Miss M. McCloy and Miss M. A. Finnegan. Lunch was served. The proceeds will be spent in furnishing the new children's ward, which was opened on National Hospital Day, May 12th.

The officers of the Nurses' Alumnae Association of Hotel Dieu Hospital are: Honorary president, Rev. Mother Marie; president, Miss M. A. Finnegan; 1st vice-president, Miss U. Coveny; 2nd vice-president, Miss M. Fenner; secretary, Miss K. Hogan; treasurer, Miss L. O'Sullivan; corresponding secretary, Miss E. McMurray; sick committee, Miss L. O'Sullivan; printing committee, Miss M. May.

QUEBEC

MONTREAL

Western Hospital

Miss Katherine Kelly is returning to Montreal from Bermuda, where she has been engaged in private duty nursing.

Miss Laura MacLachlin, who has also been nursing in Bermuda, will return to Montreal in June.

Miss Olga McCrudden and Miss Lillian Brand are on the staff of the Emergency Red Cross Hospital.

Miss Marion Nash, of the V.O.N., was a patient recently at the Western Division of the Montreal General Hospital and is now convalescing.

A.A.S.G.N., McGill University

Miss Cunningham, 1925, has gone to the Olean General Hospital, Olean, N.Y., where she is assisting Miss E. Ross in reorganization work.

The members of the Alumnae extend their deepest sympathy to Miss F. Upton, 1924, in her recent bereavement by the death of her father.

Miss S. Gardner, 1925, who has been doing Child Welfare work in Montreal, has accepted a position with the Laurentian Paper and Pulp Co. at Grand Mere, P.Q.

Miss Doris Weir, 1925, who has been a supervisor with the Victorian Order of Nurses in Montreal for some time, was

married recently in Vancouver to Dr. Albert Trites. Her home address at present is Cassidy, B.C.

Miss Mabel Holt, 1924, assistant superintendent at the Hamilton General Hospital, recently paid a short visit to Montreal.

The members of the Alumnae residing in Montreal held a very successful bridge party on the evening of April 20th to raise funds for a scholarship for post-graduate work in nursing at McGill University. Through the courtesy of Miss S. E. Young it was held in the Nurses' Home, Montreal General Hospital. The guests numbered about two hundred and were received by Miss F. M. Shaw, honorary president; Miss F. L. Reed, president, and Miss Anne Slattery, vice-president. A very pleasant evening was spent and the members feel very grateful for the generous response. Donations were received from several out-of-town members.

QUEBEC

The graduation exercises of the class 1927, Jeffery Hale's Hospital, were held on May 3rd. The graduates were: Mildred MacLeod, Bury, P.Q.; Ivy Nichol, Milan, P.Q.; Enid Richardson, Bedford N.S.; Ethel Douglas, Quebec, P.Q.; Ruth Loveland, Sawyerville, P.Q.; and Mamie Eager, Kinnear's Mill, P.Q. Mr. J. T. Ross, president of the board of governors, presented the diplomas and Mrs. Septimus Barrow, former superintendent of the hospital, presented the pins. Mrs. Barrow afterwards addressed a few words of congratulation to the nurses. Mr. John Hamilton and Rev. Dr. Gordon also spoke. Miss Mitchell and Mrs. Thorn rendered piano solos, and Mrs. Delaney, a vocal solo, accompanied by Mrs. Thorn. Refreshments were served to the guests in the nurses' dining room. The tables were prettily decorated with spring flowers and ribbons in the school colours. In the evening a very enjoyable dance was held with a full orchestra in attendance.

On the evening of May 5th the Alumnae Association gave a dinner at the Chateau Frontenac to the graduating class. A great many toasts were proposed and responded to in very happy terms. The dinner was under the convenership of Miss MacKay. The Chateau orchestra was in attendance, and Miss James rendered several solos. Mrs. Delaney, wife of the medical superintendent, who was a guest of the Alumnae, also sang delightfully for the entertainment of the nurses.

Miss Edna Fisher, for the past nine years night superintendent of the Jeffery Hale's Hospital, has returned to private duty. Miss Adams, staff nurse at the Jeffery Hale's Hospital, has resigned her position to take up industrial work.

SASKATCHEWAN

The annual meeting and institute of the Saskatchewan Registered Nurses Association were held in Regina on April 20, 21 and 22, 1927. The idea of holding an institute for nurses at the time of the annual meeting has proved to be much appreciated by the nurses in Saskatchewan. There was a record attendance at each session.

Miss Anna D. Wolf, of Chicago, was the guest of the association and gave several interesting and inspiring talks. Other speakers were: Dr. Gareau, Dr. Corbett, Dr. Lillian Chase and Dr. Frances McGill, Regina. Discussions on papers read by these speakers were led by the Misses Dorothy Ball, Helen Cardell, Marion Lindeburgh, Anna Hutt and Lyda MacDonald.

A visit to the Grey Nuns' Hospital was made on the afternoon of April 20th, where tea was served, and a dinner was held on the evening of the 21st when Mrs. W. M. Van Valkenburg presided and the speaker of the evening was Miss Anna D. Wolf, who described in a most interesting way nursing and nurses in China. Miss Wolf was for a number of years Superintendent of Nurses and Dean of the School of Nursing of the Peking Union Medical College School of Nursing, and is now Superintendent of Nurses in the Albert Merritt Billings Hospital, and Associate Professor of Nursing of the University of Chicago.

C.A.M.N.S.

ONTARIO

LONDON

The Overseas Nurses' Club of London and District No. 1 held their second reunion on the evening of April 22nd. Through the kindness of Miss Charlotte Ross, matron at Westminster Hospital, a bridge was held in the Nurses' Residence. The pleasant living room, with its glowing fireplace and decorations of pussy willows and bright red tulips, lent an air of welcome to the scene. The prizes were presented by the president of the club and a pleasant social hour was spent over the coffee cups. A short business meeting, presided over by the president (Mrs. Claude Brown) closed a very pleasant evening.

Miss Elizabeth Rogan has resigned from the staff of Queen Alexandra Sanatorium, London, and accepted a position at St. Joseph's Hospital, Hamilton, as instructress of nurses. Owing to this change of address Miss Rogan has resigned from the secretaryship of the Overseas Nurses' Club, and Miss Margaret Holland has been appointed to succeed her.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CHANDLER — On April 21st, 1927, at Toronto, to Mr. and Mrs. Albert Chandler (Gretta Craig, Toronto General Hospital), a son.

CHANT—On April 14th, 1927, at Toronto, to Mr. and Mrs. E. Chant (Evelyn Eaton, Toronto General Hospital, 1925), a son.

CHRISTENSEN—On March 27th, 1927, at Edmonton, Alta., to Mr. and Mrs. C. P. Christensen (E. V. Stevenson, Royal Alexandra Hospital, Edmonton, 1920), a daughter (Marie Elva).

FROST—On April 14th, 1927, at Sundridge, Ont., to Mr. and Mrs. Walter Frost (Ida M. Towle, Orillia General Hospital, 1922), a son (John Walter).

HAMILL—On March 23rd, 1927, at Regina, to Mr. and Mrs. Roy Hamill (Margaret Campbell, Regina General Hospital, 1923), of Chicago, a son.

INCH—On December 27th, 1926, to Mr. and Mrs. Wm. Inch (Aileen Atcheson, Toronto General Hospital, 1922), a son.

KILPATRICK—On April 12th, 1927, at Kingston General Hospital, to Mr. and Mrs. W. A. Kilpatrick (Leith Cochrane, Kingston General Hospital, 1919), of Stella, Ont., a daughter.

McLEOD—On March 22nd, 1927, at Renfrew, Ont., to Mr. and Mrs. Arthur McLeod (Claire Mason, Orillia General Hospital, 1921), of Cobden, a son (Stewart Campbell).

MUNROE—On April 15th, 1927, to Mr. and Mrs. Fred. Munroe (Maud Gaskin, General Public Hospital, Saint John), a daughter.

NICHOLSON — On May 5th, 1927, at Kingston, to Mr. and Mrs. Elwood Nicholson (Mabel Woodley, Kingston General Hospital, 1924), a daughter, (Barbara Mary).

OWEN—On March 25th, 1927, at Edmonton, Alta., to Mr. and Mrs. W. L. Owen (Maude Laurie, Royal Alexandra Hospital, Edmonton, 1920), a daughter.

MARRIAGES

DORAN—ATKINS—On April 16th, 1927, at Toronto, Isabel Atkins (Kingston General Hospital, 1920), to David Edward Doran, of Toronto.

EADIE—KILGOUR—On April 20th, 1927, at Edmonton, Violet May Kilgour (Calgary General Hospital, 1920), to Dr. William W. Eadie, of Vilna, Alta.

HILL—SMITH—On April 26th, 1927, at Kelowna, B.C., Jennie Isabel Smith (Provincial Royal Jubilee Hospital, Victoria, 1920), to David Hill, of Chilliwack, B.C. At home—Rosedale, B.C.

JOHNSON—MORLEY—On October 19th, 1926, at Pelham Manor, N.Y., Barbara Helen Morley (Hamilton General Hospital, 1926), to M. A. Johnson, of that place.

McGREGOR—JOHNSON—On April 30th, 1927, at Pelham Manor, N.Y., Evelyn Maud Johnson (Hamilton General Hospital, 1926), of Stratford, Ont., to Dr. Douglas McGregor, of Hamilton, Ont.

MacKAY — FORTIER — On April 23rd, 1927, at Toronto, Dorothy Fortier (Toronto General Hospital, 1919), to Dr. Alexander Walter MacKay.

MARTIN — LAFFERTY — On April 7th, 1927, at Windsor, Ont., Marguerite Lafferty (St. Joseph's Hospital, Peterboro, 1924), to Mr. Martin.

RENAUD — MARENTETTE — On April 23rd, 1927, Marie Marentette (Hotel Dieu Hospital, Windsor, 1915), to William Renaud, of Tecumseh, Ont.

STEPHENSON—KEITH—On May 4th, 1927, at Saint John, Rhoda MacGregor Keith (General Public Hospital, Saint John, 1924), to Dr. Frank White Stephenson. At home—Saint John, N.B.

SUTHERLAND—WILSON—On May 2nd, 1927, Mary Wilson (Regina General Hospital), to Donald Sutherland, of Arrow River, Man.

TRITES—WEIR—Recently, at Vancouver, Doris Weir (School for Graduate Nurses, McGill University, 1925), to Dr. Albert Trites. At home—Cassidy, B.C.

TOMLINSON — FORGRAVE — On April 26th, 1927, at Jackson, Janet Mary Forgrave (Owen Sound General and Marine Hospital, 1923), to Albert M. Tomlinson, of Owen Sound, Ont.

WIDDIS—DUNCAN—On March 15th, at Calgary, Alta., Alexandra Sinclair Duncan, to Thomas Harold Widdis, of Nanton, Alta. At home—Nanton, Alta.

WILLS—SHANK—On March 24th, 1927, at Silton, Sask., Charlotte Shank (Regina General Hospital, 1926), to John Alexander Wills, of Hawarden, Sask.

Death Rates Among Mothers in Canada Much Too High

"The mortality rate for women in childbirth in North America is one of the highest among the civilized nations of the world," said Dr. C. E. A. Winslow of Yale University and Past President of the American Public Health Association, in speaking on April 26th to the Social Welfare Conference in Toronto on Public Health and Community Well Being. "Of the many new problems arising in the realm of public health one of the very greatest is that of maternal and pre-natal mortality. The only two countries in the world which at all adequately deal with these important matters are Holland and Denmark. In both countries such death rates are very low because the health authorities have made generous provision for skilled and supervised nursing care for mothers before, after and at the time of the birth of their children."

"Education," the speaker went on to say, "is the only thing which can successfully change people's habits of living. In such education the public health nurse is the dominant factor and we are coming more and more to see that individual instruction such as is given by the nurses of the Toronto Health Department, a department which is one of the most wonderful in the world, is the only satisfactory solution of the problem offered for our too high death rates among mothers."

The figures to which Dr. Winslow referred—for these include Canada as well as the United States—show that in the Dominion in 1925 (the last year for which detailed statistics are available), 1,196 mothers were lost in childbirth, over half of whom were in the prime of life. Stillbirths accounted for the loss of 8,043 lives and even with the always increasing reduction in infant mortality rates in most of the provinces, there died 23,310 infants under one year of age and exclusive of the stillborn. The total losses of infant life throughout the Dominion in that year, therefore, amounted to 30,353 babies. Realizing what these far from creditable and largely preventable losses mean to Canada, where new settlers are being brought at great cost from long distances, to populate the country, both governmental and voluntary agencies in recent years have been making real efforts to provide pre-natal, natal and post-natal care for mothers and to do definitely educational health work.

In this connection the Canadian Red Cross in its thirty-nine Outpost hospitals in pioneering sections has done an effective piece of conservation. In the past year over 6,000 patients were served in these institutions, among them being 743 mothers who must otherwise have gone without skilled care when their children were born.

In addition to such practical assistance, the Outpost nurses did an immense amount of educational work among the settlers in their districts, a work which follows every Outpost into the frontiers.

* * * * * *

Touching on the Visiting Housekeeping Centre in Toronto, another Red Cross activity, Dr. Winslow said, "It is one of the most unique, important and useful experiments in economics and social service now being conducted on the American continent," and pointed out that in time this institution, which has already 23 women trained in the field, will have performed not merely a local but a national service by reason of its frontal attack on the hitherto insoluble problem presented by the family in which illness, ignorance or incapacity do their worst work of disintegration and degeneration.

(Canadian Red Cross News Service.)

Red Cross Campaign for a Million Dollars

The Canadian Red Cross on Empire Day entered on a nation-wide campaign to raise $1,000,000 with which to carry on its comprehensive peace time programme in the interests of the returned soldier and the health of the citizen generally, a programme of national welfare on which it has already spent a sum of over $7,000,000 since the war.

It is understood that the Society will make its appeal directly on its record of accomplishments in its services for the disabled soldier, its thirty-nine Outpost Hospitals, the Seaport Nurseries in Halifax, Saint John and Quebec, the Junior Red Cross now numbering in Canada 140,000 children engaged in the pursuit of health for themselves and handicapped children; the Disaster Relief activities of recent times, and the Home Nursing Training which has been extended to over 12,000 women and girls in the last three years.

The Annual Meeting of the New Brunswick Association of Registered Nurses will be held in Moncton, June 18th and 19th, 1927.

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JULY, 1927

CONTENTS

		PAGE
Reminiscences Apropos to Thoughts on Confederation	*Catherine de Nully Fraser*	339
School for Graduate Nurses, McGill University	*Flora Madeline Shaw*	342
The Value of a Post-Graduate University Course in Teaching in Schools of Nursing	*Olga V. Lilly*	342
The Care of the Sick: Part II	*David A. Stewart, B.A., M.D.*	344
Nutrition in Childhood: Part III	*Urban J. Gareau, M.D.*	347
Memorial to Nurses at Rheims: Photograph		351
Department of Nursing Education:		
Rectal Anaesthesia in Obstetrics	*R. N. Ritchie, M.D.*	352
Department of Private Duty Nursing:		
Diabetics and their Nursing Care	*Eileen Flanagan*	355
Refresher Course		357
Department of Public Health Nursing:		
The Social Problems of a School Child	*C. Jean Walker*	358
Reports:		
The Conference on Nursing		364
The Canadian Council on Child Welfare		366
Annual Meeting, Registered Nurses Association of Ontario		368
News Notes		371
Official Directory		383